

~~DOCUMENT SECTION~~

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

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SECTION

PAGE

I	PREVENTIVE MEDICINE	1
II	VETERINARY AFFAIRS	7
III	SUPPLY	11
IV	NARCOTIC CONTROL	14
V	WELFARE	15
VI	SOCIAL SECURITY	16
VII	MEMO TO JAPANESE GOVERNMENT	18

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## SECTION I

### PREVENTIVE MEDICINE DIVISION

#### Immunizations

The Ministry of Welfare, by Ordinance No. 13 of 1 April 1950 amended the Enforcement Regulations of the Preventive Vaccination Law (M/W Ordinance No. 36 of August 1948) regarding the conditions under which certificates of immunization may be issued. The above ordinance requires certificates of immunization to be delivered (1) when requested by the individual immunized, (2) for persons with uncertain address, (Vagrants, transients, and others without permanent address in a health center district) (3) when "found necessary" by the prefectural governor or chief of city, town or village. Other individuals not issued certificates are excused from presenting them under the provisions of Article 17 of the Preventive Vaccination Law. Inoculated or vaccinated individuals changing address are required to notify the chief of city, town or village of former residence, who is in turn required to forward immunization records of the individual to the chief of city, town or village of the new place of residence.

#### Venereal Disease Certificates

Recently a report was received from a regional Civil Affairs Team stating "that certificates are issued \_\_\_\_\_" indicating that the person whose name and picture on the certificate was examined and found free of venereal disease on a certain date.

It is contrary to SCAP policy to issue certificates of health of the type referred to above. This policy was implemented by the following Ministry of Welfare Notifications: BOHATSU No. 93, 16 Feb 46; YOHATSU No. 205, 20 Feb 48; and YOHATSU No. 622, 18 May 48. These were issued as supplementary instructions to Art. 6 of "Special Regulations for Venereal Disease Prevention Law" contained in Ministry of Welfare Ordinance No. 45, 1945, which modified the Venereal Disease Prevention Law (Law No. 48, 1947). Article No. 34 of the present Venereal Disease Prevention Law (Law No. 167, 1948) abolishes Ordinance No. 45, 1945, and Law No. 48 of 1927. The Ministry of Welfare intends to issue a new directive, based on the present law, in the near future.

The relationship between prostitution and venereal disease is recognized. SCAPIN 642, 21 January 1946, abolished licensed prostitution but except in a few isolated localities where local anti-prostitution ordinances are in effect voluntary prostitution is not illegal. No provision exists in the Venereal Disease Prevention Law for the weekly or other periodic examination of prostitutes as a venereal disease control measure. Such inspections are considered to be untrustworthy, inefficient, give a false sense of security and fail to prevent the spread of infection. All members of society, including prostitutes, should be accepted for diagnostic and treatment service as individuals.

#### Information and Education

School Health Program - On 21 April 1950 the Bill of Partial Amendments to the Board of Education Law was favorably acted upon by the Diet, Japanese Government. The Cabinet Order to implement the Amendments of the Board of Education Law is now being prepared jointly by the Ministry of Welfare and the Ministry of Education.

#### Information Activities - Film Libraries

In recent staff visits to prefectural health departments it was learned that many persons responsible for public health information work in the prefectural health departments, public welfare departments, and in the health centers were not familiar with the procedures for obtaining the use of available motion pictures and projection equipment in their respective programs.

Civil Information and Education officials GHQ, SCAP have explained that the prefectural film libraries are under the jurisdiction of the Social Education Section of the prefectural government, that each film library has two traveling teams of "projectionists" whose duty is to service rural communities in which there are no

facilities for the showing of motion pictures or film strips. These teams work on a schedule planned one month in advance. Showing of films and dates desired are to be forwarded by the requesting office (Public Health Department, Welfare Department, or Health Center) to the Audio Visual Officer of the Social Education Section not later than the first day of the month preceding the month in which the showings are desired. (Preferably on the 25th day of each month. For example, showings desired for July should be submitted by 25 May). Health centers should channel their requests through the person in charge of information work in the public health and public welfare departments.

In lieu of the films and equipment owned outright by prefectural health or welfare departments the procedure described above should be followed.

Dissemination of information concerning the dysentery group of diseases and other enteric infections. An intensive sustained information and education program concerning enteric infections has been initiated by the Information Unit of the Ministry of Welfare. This program will continue during the period 1 May through 31 October 1950. Pertinent information will be sent out periodically by the Ministry of Welfare to prefectural health departments, health centers, the large newspapers, the Broadcasting Corporation of Japan and other agencies. It is urged that prefectural health department chiefs be stimulated into increased activity in an effort to bring to the people of Japan the simple, basic facts concerning the cause, transmission and prevention measures which could be followed by each individual, family and community.

Tuberculosis Prevention Week is scheduled for the last week in May.

#### Rural Sanitation

Beyond the peripheral fringes of every city in Japan are numerous villages or hamlets where no organized effort is made at environmental control, which is left to the individual. The interwoven pattern of urban and rural zones is of vital concern to public health officials who realize that the widespread nature of the rural sanitation problem carries potentially greater hazards to the farmer as well as to the city dweller who frequents the country. The problems involved are tremendous when considering approximately an average of 600 persons per square mile in Japan. In many areas, rural sanitation, unfortunately, has to deal with primitive living at a low economic level and widespread ignorance. Under such conditions even the elementary principle of a definite method of sewage disposal gives place to the promiscuous deposit of human excreta. Although the principles of environmental control are well known, what can be applied practically is limited by economic considerations and the cooperation of the people. By far the greatest problem is education to the dangers inherent in promiscuous excreta disposal. A conservative estimate is that 75% of rural sanitation problems are excreta disposal. Remove all concern over excreta and the problems of well pollution, fly-borne diseases and the contamination of foods are eliminated. In dealing with rural sewage disposal in Japan, the continual use of excreta for fertilizer, the local procedures of the common non-water carriage system and the indiscriminate individual who does not use the available sanitary facilities must be considered. Three primary functions common to all disposal methods are confining of excreta to a definite isolated area; exclusion of flies, insects, rodents and other animals; and the prevention of contamination of ground water employed as water supply. In addition, convenience and privacy must be provided or the fundamental objective of safe disposal will be defeated by the non-use and reversion to indiscriminate disposal. The most desirable method of disposing of human wastes is generally conceded to be by sanitary sewer system, but in many instances the sewer system cannot be made to accommodate all of the population and usually cannot be considered in rural sanitation. Nor is it possible always, or feasible to install septic tanks with modern plumbing fixtures for all homes and schools within rural and urban areas considering Japanese normal living conditions. A satisfactory "benjo" may be provided, not only to promote cleanliness and regular habits, but to tend to curb the spread of dysentery, typhoid fever and other intestinal diseases which are prevalent among the Japanese population.

Public health officials of prefectural and health center organizations may improve rural sanitation by initiating programs whereby present facilities are improved through the application of repairs and directing that all new construction meet minimum health requirements. The environmental sanitary inspectors and the

assistant inspectors should be instrumental in initiating progressive action to gradually improve the public's knowledge of basic sanitation by direct contact in field work. The following requirements are enumerated for all concerned in rural sanitation.

Installations of rural type toilets are generally considered satisfactory or if they meet the following specifications. However, in some instances, local conditions demand requirements in addition to the items herein mentioned; hence, the inspector must inform himself concerning the details thereof. Pertinent items to be considered in the inspection of a rural type toilet include: (a) Location, (b) size, (c) construction, (d) method of waste removal (e) toilet covers and (f) maintenance and operation.

(a) Location. Rural type toilets, should not be located on ground level above wells, springs or other water sources so that surface or underground seepage from toilet may result in water contamination. Horizontal distance from water sources should not be less than 50 feet unless construction requirements in (c) are complied with, in any event, 10 feet should be the minimum distance. The toilet must not be located where it may cause a nuisance, inconvenience or obstruction to the public or other property owners.

(b) Size. The size of a toilet room or building should provide sufficient space for an average sized person to move freely in both urinal and bowl sections without restrictions.

(c) Construction. The construction of buildings and waste disposal pits that comprise the toilet should meet the following requirements: (1) Tight construction is necessary throughout to prevent the intrusion of insects and rodents. Windows and openings must be closed or have suitable covering as screening. Buildings should fit tight and flush on concrete basins or on foundation walls which begin 30 cm. (12 inches) below the soil surface. Doors should preferably open outward and will be a close fit upon shutting. (2) Sufficient basin capacity is required to prevent overflowing by providing space enough for 1 - 3 months storage before the removal. Basins should be of impervious material and free of cracks or holes. Concrete basins with walls of 4" thickness are recommended with a minimum capacity of 25 cubic feet for the average family. Basins must extend at least 30 cm (12 inches) above ground surfaces. Fecal or urinal pots must not be used if cracked or of a small size (less than 40 liters). The ground around clay-tile pots must be thoroughly tamped or packed and covered with concrete or with a 6" layer of oil soaked material to prevent further development of fly larval worms. (3) Buildings and basins must be constructed so that fecal material is easily removed through manholes or side openings without creating a health hazard by spillage and dripping. All manholes, side openings or open basins must be covered with absolutely tight covers, sliding doors of careful construction. (4) Construction must be of first-class material to result in a well-lighted and properly-ventilated building, which can withstand daily cleaning by scrubbing or washing.

(d) Method of Waste Disposal. Disposal of waste must be completed in a satisfactory manner so that waste products will not cause a fly breeding site, rode feeding ground or a similar health hazard. All waste material from toilets should be kept in storage containers, properly covered, during transporting and before final disposal when used for fertilizer. Three months storage is recommended to decrease hazard of potential disease organisms. Cleanliness of equipment, storage sites and removal sites must be constantly maintained.

(e) Toilet Covers. Covers should be constructed for use on toilet holes or openings to prevent entrance by insect and rodents. These should be designed to be close fitting, either as a lid or a cover box to be lowered in place after each individual use of toilet. Mechanical self-closing or hinged covers are recommended wherever practical.

#### Pertussis (Whooping Cough)

A review of results reported from various sources regarding immunization against whooping cough was made by Dr. Geoffrey Edsall of Boston, Mass. He stated that generally, the communicability rate in certain vaccination groups is much less than expected rates among unvaccinated groups, fewer severe cases occur among the

vaccinated, and that 75 to 90% protection due to vaccination appears to be present. The protection rate is favorable from the epidemiological point of view, but since it is not absolute, cases do occur among vaccinated individuals. Production techniques are very important in obtaining an effective vaccine and failures reported in the past are generally due to improper manufacturing procedures. Anti-body responses to "booster" doses are reported to be prompt and if high level, being of value if given shortly before or even at the time of exposure, but that initial immunizations are not an epidemic control measure. Immunizations during the last half of the first year of life give better response than those during the first six months.

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## Dysentery

Reference Weekly Bulletin 87, 94 and 103 of 1948 and No. 144 of 1949, in which comparisons were made between prefectures concerning their seasonal morbidity rates for dysentery, typhoid, and paratyphoid. Various factors influencing the incidence of typhoid fever were discussed at some length. Tables were published showing the rates of individual prefectures for the season of high incidence and their ratios to those of the previous year.

Although Japan as a whole showed a marked increase in dysentery during 1949 over that of 1948, it is noteworthy that the increase did not apply to all prefectures. When considering only the months of July, August and September, the national dysentery rate increased 63%, while eleven prefectures experienced decreases of from 2% to 62%. However, all other prefectures showed increases, some as much as five times the seasonal rates of the previous year.

This incidence in dysentery in 1949 is a reflection on the ineffectiveness of environmental sanitation measures taken during that year, not only for all of Japan but in particular for those prefectures in which the highest increases occurred.

A review has now been made of the prefectoral dysentery rates for the first twelve weeks of 1950. The weekly dysentery rates for Japan have been higher this year than for the same period of any year since the beginning of the Occupation, even exceeding those of 1946. With such a heavy seeding of dysentery so early in the year during a period when intestinal diseases are at their seasonal low, it is expected that during the coming summer dysentery and other intestinal diseases due to poor environmental sanitation may reach epidemic proportions unless immediate and strong measures are taken.

The highest dysentery rates for 1949, and the highest rates for the 12 week period of 1950 appear localized in the same prefectures, chiefly in the Kanto area. A study of the following tables will show which prefectures are involved.

Table I

### Dysentery in Japan

(Case rates per 100,000 population 1946 - 1949)

Prefecture	1946	1947	1948	1949
*Hokkaido	103.4	36.9	23.8	11.7
Aomori	130.7	26.1	9.9	10.9
**Iwate	541.1	84.4	41.0	47.6
Miyagi	260.8	49.2	14.4	18.6
Akita	201.1	35.6	15.3	17.6
Yamagata	339.7	119.1	17.7	31.5
*Fukushima	406.7	108.1	23.4	21.9
**Ibaraki	153.9	83.2	36.7	50.9
Tochigi	163.1	77.0	18.0	38.1
**Gumma	219.9	84.7	29.5	90.9
**Saitama	95.7	80.0	19.1	82.1
Chiba	60.8	47.0	13.3	39.3
**Tokyo	42.8	66.6	28.5	60.7
**Kanagawa	76.0	32.9	12.8	41.4
**Niigata	107.7	70.7	24.9	66.4
Toyama	55.5	19.0	6.1	13.7
**Ishikawa	22.7	22.3	3.8	18.1
*Fukui	46.9	49.9	27.7	15.2
Yamanashi	159.9	78.7	9.4	18.4
Nagano	100.8	74.0	16.0	24.8
Gifu	67.7	41.5	26.3	30.3
**Shizuoka	123.7	50.0	13.8	43.5
Aichi	64.4	60.8	21.8	35.2
Mie	32.7	33.6	12.5	19.7
*Shiga	52.7	33.7	10.8	8.5

<u>Prefecture</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>
Kyoto	58.6	49.7	16.5	21.2
Osaka	26.6	78.9	14.9	16.5
*Hyogo	57.9	46.2	14.6	10.2
Nara	33.2	22.0	5.9	6.0
Wakayama	31.3	14.2	5.8	11.2
Tottori	115.3	30.8	11.4	12.7
Shimane	85.5	56.2	24.4	33.7
*Okayama	64.6	26.0	12.2	10.2
Hiroshima	77.7	29.5	15.8	20.2
Yamaguchi	80.0	19.6	16.2	16.5
Tokushima	170.4	95.4	17.9	19.2
Kagawa	221.0	56.3	13.8	25.4
*Ehime	145.4	66.9	24.4	20.5
Kochi	148.3	36.2	12.9	13.7
*Fukuoka	77.2	20.6	13.1	13.1
*Saga	130.0	23.3	19.7	12.3
*Nagasaki	119.3	35.9	16.1	13.3
*Kumamoto	111.1	20.3	12.3	11.4
*Oita	82.4	26.3	15.4	14.7
Miyazaki	211.4	52.6	25.0	36.7
Kagoshima	76.2	40.8	8.8	9.2

\* Twelve prefectures showing a continued decline in case rate (1946-1949).  
 \*\* Nine prefectures with rate of 7 or above for first 12 weeks of 1950.

Table II

Dysentery in Japan

(Summary of cases and case rates 1946 - 1949)

<u>Year</u>	<u>Cases</u>	<u>Case Rate</u>
1946	87,737	116.8 annual
1947	39,249	50.5 annual
1948	14,628	18.3 annual
1949	24,001	29.2 annual

Table III

Dysentery in Japan

(Summary of cases and case rate for first 12 weeks 1946-50)

<u>Year</u>	<u>Cases</u>	<u>Case Rate</u>
1946	563	3.2
1947	733	4.1
1948	519	2.8
1949	462	2.5
1950	1,024	5.5

Dysentery is a controllable disease and is a convenient index of sanitation. For this reason the incidence of dysentery in a locality may be considered an inverse measure of the effectiveness of the environmental sanitation program. The environmental sanitation program, to be effective, must be integrated with extensive public information and education activities, since the support of an intelligent and well informed public is essential to its success. Accurate information conveyed to the public by every available means, together with the personal enlistment of governors, mayors, town and village chiefs, and editors of news papers, will assist in obtaining support and cooperation for a program of improvement in environmental sanitation which must be energetically performed by each health department and health center in order to place dysentery and the other filth-borne diseases under control.

## Immunization

Rules for the Execution of Vaccination against Typhoid-Paratyphoid (Ministry of Welfare Notification No. 95, 1948) have been amended by Ministry of Welfare Notification No. 80, 1 April 1950, to provide for annual "booster shots" of one subcutaneous injection of 1.0cc or one intracutaneous injection of 0.1cc. The subcutaneous "booster shot" if given to pre-school children is to be reduced to 0.5cc.

## SECTION II

### VETERINARY AFFAIRS

#### Food Sanitation Program in Relation to Enteric Diseases

The imminence of hot weather and the rising incidence of enteric diseases have made the need for more stringent enforcement of the Food Sanitation Law mandatory. Food sanitation officials of the Japanese Ministry of Welfare were advised that a more strenuous program based upon national sanitation regulations is required.

Approved "Food Sanitation Regulations", "Sample Inspection Forms" and comprehensive "Interpretations and Instructions for Inspectors," based upon the Japanese Food Sanitation Law No. 233, are being distributed to Japanese food inspectors. English copies will shortly be distributed to Civil Affairs Teams' veterinary personnel. The regulation set up a strict inspection, grading and permit system directed principally at the correction of items of sanitation having major public health significance (water, waste disposal, cleanliness of premises, cleanliness of equipment, sanitary handling of food and approved temperature treatments). Enforcement is based upon the issuance of a sanitary permit, free of charge, by the Director of the Health Center District upon definite degrees of compliance with the sanitary regulations. When the compliance rating falls below a minimum of 60 points, then the Director of the Health Center, after proper notice, has the authority to reclaim the sanitary permit. It is further stipulated that all violations of items having major public health significance (mentioned above) must be corrected within three days. Furthermore, the grading system provides for A, B, C, and D rating signs to be posted in a conspicuous place in all food establishments following each inspection.

Although the regulations cover all kinds of food establishments, an immediate campaign is urged against ice candy, flavored crushed ice, restaurants including school lunches, and seafood, so that such places would reach satisfactory compliance during the month of May. The extreme importance of closer supervision over water supplies, waste disposal and fly control is emphasized. Because of the wide-spread use and general acceptance of the Public Health and Welfare sponsored dairy score card and dairy plant score card system, it is considered advisable to continue their use at this time (until further notice), but apply the new grading system to all other food establishments including retail milk shops.

#### Warning of Swine Diseases in Okinawa

A recent visit by a member of Public Health and Welfare disclosed the considerable prevalence of swine diseases, principally hog cholera, swine erysipelas and swine plague on Okinawa and the northern Ryukyuan islands. Veterinary personnel were advised to be on the alert against the unlawful entry of swine, especially in the southern portions of Japan.

#### Rabies Report

The Veterinary Affairs Section, Ministry of Welfare, submitted the following report on rabies cases occurring during the period 2 - 8 and 9 - 15 April.

<u>Prefecture</u>	<u>No. of Cases</u>	<u>No. of Cases</u>
	<u>2 - 8 April</u>	<u>9 - 15 April</u>
Tokyo	4	3
Kanagawa	3	10
Chiba	0	5
Gumma	8	3
Tochigi	3	1
Ibaraki	0	0
Saitama	5	0
Total	23	22

Statistics for period 1 Jan to 15 Apr 50 disclose a total of 213 cases of rabies in dogs. Four hundred fourteen humans have reported being bitten by dogs with 13 rabies deaths. Although rabies in dogs have been reported only in the above listed prefectures during the past fifteen months, emphasis should be placed upon the necessity for careful diagnosis of suspected cases in order to avoid the establishment of new foci of rabies infection. Present production of rabies vaccine will be sufficient for all prefectural requirements, nevertheless, the indicated prefectures will be given first priority for their demands.

#### Monthly Animal Disease Report

The Animal Hygiene Section, Ministry of Agriculture and Forestry, submitted the following report on those animal diseases occurring during the month of March 1950.

<u>Disease</u>	<u>No. of Cases</u>
Swine erysipelas	7
Swine cholera	33
Swine plague	7
Texas fever	5
Strangles	9
Infectious anemia of horse	332
Trichomonas	192
Equine infectious abortion	108
Pullorum disease (fowl)	6,118
Bovine tuberculosis	108

The accumulated totals of acute disease cases reported for period 1 January to 28 April 1950 are hog cholera 200, swine erysipelas 27, swine plague 22, anthrax 6, black leg 2, and equine encephalomyelitis suspects 4.

#### Monthly Food Inspection Report

Prefectural veterinary and food sanitation inspectors conducted sanitary inspections on those establishments where food and beverages of other than animal origin were processed, served, or sold during the month of February 1950.

Number of food establishments	805,596
Number of food establishments inspected	95,155
Total number of inspections	166,307
Number of cases of food condemnations	2,295
Number of suspensions	352
Number of permits revoked	26
Number of violation cases in civil court	49

A total of 25 outbreaks of food and beverage poisonings was reported involving 102 people with 15 deaths resulting. Three deaths were attributed to methanol in distilled spirits, and five to the tetrodotoxin associated with globe fish (fugu).

#### Monthly Milk Inspection Report

Prefectural veterinary milk inspectors conducted sanitary inspections on dairy farms, milk plants and establishments producing milk products during February 1950.

#### Special Milk

Number of farm inspections	6
Samples examined	25
Over bacterial standards (50,000 per cc)	2
Under butterfat standards (3.3 percent)	-
Number of plant inspections	25
Over bacterial standards (50,000 per cc)	2
Under butter-fat standards (3.3 percent)	-

### Ordinary Milk

Number of farm inspections	14,280
Samples examined	13,872
Over bacterial standards (2,000,000 per cc)	1,207
Under butterfat standards (3.0 percent)	1,067
Number of plant inspections	3,738
Over bacterial standards (2,000,000 per cc)	239
Under butterfat standards (3.0 percent)	285

### Goat Milk

Number of farm inspections	23
Samples examined	32
Over bacterial standards (2,000,000 per cc)	8
Under butterfat standards (3.0 percent)	1

### Amount of Milk Produced During February 1950

Type of Milk	No. of Farms	No. of Cows & Goats	Amount Produced
Special	6	137	32,669 Lit
Ordinary	69,044	122,529	24,403,487 Lit
Goat	224	675	30,391 Lit

### Amount of Milk Bottled in Milk Plants

Type of Milk	No. of Plants	Raw Milk	Pasteurized	Sterilized
Special	6	14,091 Lit	13,622 Lit	-
Ordinary	2,791	-	4,786,340 Lit	5,823,004 Lit

Note: All milk bottled in 1 go bottles having the equivalent of 180 cc.

### Milk Products Produced in February 1950

Whole powdered milk	176,223 kg.
Modified powdered milk (15% added sugar)	495,667 kg.
Modified powdered milk (35% added sugar)	41,659 kg.
Sweetened condensed milk	766,330 kg.
Evaporated milk	237,784 kg.
Butter	116,043 kg.
Cheese	23,720 kg.

SOURCE: Ministry of Welfare

### Monthly Meat Inspection Report

Prefectural veterinary meat inspectors conducted ante and post-mortem inspection on the following number of livestock during the month of February 1950.

	<u>Cattle</u>	<u>Calves</u>	<u>Horses</u>
Number slaughtered	33,374	2,127	4,818
Body wt. - kgs.	11,400,513	271,840	1,626,865
Dressed wt. - kgs.	5,952,103	131,752	730,636
Condemned Ante-mortem	2	-	-
Condemned Post-mortem			
Wholly	26	2	7
Partial	636	24	143
Viscera	5,716	95	501
	<u>Swine</u>	<u>Sheep</u>	<u>Goats</u>
Number slaughtered	110,699	50	61
Body wt. - kgs.	9,171,772	1,583	1,735
Dressed wt. - kgs.	5,655,606	814	807

Condemned Ante-mortem	3	-	-
Post-mortem		-	-
Wholly	11	-	-
Partial	2,028	-	-
Viscera	27,130	2	1

Sanitary inspections were conducted on the following number of meat processing establishments by Prefectural veterinary meat inspectors during the month of February 1950.

#### Meat Processing Plants

Number of establishments	302
Number of establishments inspected	242
Condition - Good	62
Fair	156
Poor	24
Total number of inspections	467
Amount of meat and meat food products examined	94,861 kgs.
Amount of meat and meat food products condemned	0

#### Meat Retail Shops

Number of establishments	17,532
Number of establishments inspected	11,051
Condition - Good	4,009
Fair	6,099
Poor	943
Total number of inspections	12,930
Amount of meat products inspected	870,419 kgs.
Amount of meat products condemned	642 kgs.
Cause for condemnation - putrefaction	
Disposition - fertilizer	

SOURCE: Ministry of Welfare

#### Monthly Seafood Inspection Report

Prefectural veterinary seafood inspectors conducted sanitary inspections on the following seafood establishments during the month of February 1950.

#### Wholesale Seafood Market

Number of establishments	1,465
Number of establishments inspected	1,022
Condition - Good	144
Fair	698
Poor	180
Total number of inspections	2,474
Amount of seafood examined	32,235,356 kgs.
Amount of seafood condemned	95,097 kgs.
Cause for condemnation - Staleness and putrefaction	
Disposition - Chicken feed and fertilizer	

#### Seafood Processing Plants

Number of establishments	10,303
Number of establishments inspected	4,273
Condition - Good	869
Fair	2,578
Poor	826
Total Number of inspections	9,624
Amount of seafood and seafood products examined	950,696 kg.
Amount of seafood and seafood products condemned	1,211 kg.
Cause for condemnation - Staleness and putrefaction	
Disposition - Chicken feed and fertilizer	

### Seafood Retail Shops

Number of establishments	62,252
Number of establishments inspected	19,687
Condition - Good	3,016
Fair	11,137
Poor	5,534
Total number of inspections	21,759
Amount of seafood products examined	415,882 kg.
Amount of seafood condemned	1,485 kg.
Cause for condemnation - Staleness and putrefaction	
Disposition - fertilizer	

SOURCE: Ministry of Welfare

### SECTION III

#### SUPPLY

##### Second National Examination for Pharmacists

The theoretical portion of the National Examination for Pharmacists was conducted 23 April 1950. Ministry of Welfare Notification No. 97, published in the Official Gazette 15 April, announces the dates and locations for the practical portion of this examination, as required by Article 12 of the Pharmaceutical Affairs Law. Those who receive passing grades in the theoretical portion will be eligible to apply for the practical examination, which will be held in Sendai, Tokyo, Gifu, Osaka, and Fukuoka from 17 July to 20 July, starting at 9 A.M. Ministry of Welfare Notification No. 97 furnishes other information for the guidance of those who apply for the practical examination.

Reference is made to Bulletin No. 148 (15-31 Jan 50) entry on above subject for other information concerning the examination.

##### Penicillin Production

The Ministry of Welfare reports over 1.25 trillion units of the various penicillin products manufactured in Japan passed assay during January, February and March. This figure is equivalent to the total production reported during the first ten months of CY 1949. Unlike most industries which are reporting curtailed production during the so-called "deflationary" period, many penicillin manufacturers are expanding plant facilities, and penicillin production is increasing month by month. An import of 19,441 gallons of corn steep liquor arrived in Japan on 21 April, and a second shipment of 24,301 gallons was scheduled to arrive 28 April. Monthly average production should exceed 500 billion units after 1 May.

##### Production of Drugs and Medical Supplies

Production of drugs and medical supplies during the first quarter, CY 1950, totalled ¥ 9,200,293,224. Breakdown by item per month follows:

(Yen Value)

Items	January	February	March
Controlled Medicines	¥ 51,883,248	¥ 86,234,465	¥ 84,228,248
Non-controlled Medicines	2,203,543,681	2,076,825,223	1,859,374,602
Patent Medicines	594,535,903	441,490,736	433,408,429
Biologics	54,876,664	28,736,613	43,861,206
Dental Instruments	24,864,297	13,219,080	9,671,390
Dental Materials	22,522,323	18,090,407	16,418,833
Textile Sanitary Materials	430,998,262	278,218,364	303,521,816
Rubber Medical Goods	70,091,234	53,648,200	0
<b>Total</b>	<b>¥ 3,453,345,612</b>	<b>¥ 2,996,463,088</b>	<b>¥ 2,750,484,524</b>
<b>Grand Total</b>	<b>¥ 9,200,293,224</b>		

Miscellaneous Production for March (Quantitive)Textile Sanitary Materials

Gauze	97,150
Absorbent Cotton	594,543
Bandage	<u>32,523</u>
Total	724,216 lbs.

Anthelmintics

## a. Hexylresorcinol Capsules

0.1 gram capsules	1,347,165
0.2 gram capsules	1,861,908

507,098 adult doses (1 gram) passed assay

## b. Santonin Tablets

0.02 grams each	6,429,162
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Petroleum Allocations for Public Health Categories, May - June

Public Health Categories will receive petroleum allocations of 1,384 kiloliters during May and 1,836 kiloliters in June. Increases of 280 kiloliters of kerosene and 93 of gas oil over the May allocation plan will permit the production of 100,000 gallons of 5% DDT residual spray, and medical supply manufacturers will receive an additional allocation of 79 kiloliters for production of dental and surgical instruments, absorbent cotton, gauze, bandage, electrotherapy equipment and sanitary materials.

Relaxation of Controls over Quinine and Quinine Derivatives

The Japanese Government accumulated large stocks of quinine before and during the war, some of which was looted from allied countries. The Japanese Government was directed by SCAP during 1946 to make a complete inventory of all quinine stocks in Japan. Following this inventory and report, sufficient stocks were released, which were estimated to be sufficient to meet Japanese requirements until 1950, precluding need for imports.

At the beginning, and during the initial phase of the occupation, it was necessary to consider that malaria might be of high incidence, especially as many repatriates were being returned from malaria areas. Although malaria is not widespread in Japan, there are certain areas which are endemic. The public health controls over entry of repatriates plus the excellent insect control programs have resulted in malaria being a disease of low incidence in Japan. Therefore, what was calculated to be sufficient stocks of quinine in Japan until 1950, has proved to be excessive, approximately 80% of these stocks remaining in storage.

In view of large accumulated stocks on hand and availability of replenishment by imports, controls over quinine were removed. Ministry of Welfare will maintain an emergency reserve of 19 tons. Control was released by Ministry of Welfare Notification No. 107, dated 20 April. Prefectural Governors were notified by Yaku-hatsu No. 283, dated 22 April.

Biologics Assay

During the period 4 - 17 April the following biologics have been assayed and found to meet minimum standards.

Item	Manufacturer	Lot No.	Quantity
BCG Vaccine (dried)	Kekkaku Yobokai	82-B	35,100 dos
BCG Vaccine (Diluent)	Kekkaku Yobokai	104-E 105-A	49,700 dos 50,400

<u>Item</u>	<u>Manufacturer</u>	<u>Lot No.</u>	<u>Quantity</u>
BCG Vaccine (diluent)	Kekkaku Yobokai	105-C 105-D 105-E 116 118 102	50,400 doses 45,300 45,800 104,900 94,700 105,000
Cholera Vaccine	Kitasato Kenkyujo	32	16,700 cc
Tetanus Antitoxin	Chiba Kessei	46	18,700 cc
Tuberculin O.T.	Kitasato Kenkyujo	45	40,000 cc
Typhoid and Paratyphoid Vaccine	Aichi Kessei	125 129 146 148 149 156 158 159 162 163 164 166 169 171 158 178 179 183 185 191 201 203	17,250 cc 14,950 18,250 14,850 16,600 18,300 18,500 19,600 12,750 16,700 17,100 19,700 18,050 16,750 35,750 34,850 34,900 36,100 35,850 37,000 36,850 36,250
	Chiba Kessei	77 82	26,800 22,550
	Fujisawa Yakuhin	125 129 138 139 144 150 157 159 161 173 179 181 182 184 186 191 193 194 196 197 201 202 208	19,050 28,150 39,100 39,150 38,750 37,300 39,050 36,900 32,400 38,900 36,650 39,150 39,100 35,700 39,150 39,200 39,250 39,250 39,100 39,050 39,200 39,250 39,250
	Kagaku & Kessei	179 181 182 184 186 191 193 194 196 197 201 202 208	36,650 39,150 39,100 35,700 39,150 39,200 39,250 39,250 39,100 39,050 39,200 39,250 39,250
	Kitasato Kenkyujo	771 778 780 782	38,300 cc 36,550 38,100 37,300

<u>Item</u>	<u>Manufacturer</u>	<u>Lot No.</u>	<u>Quantity</u>
Typhoid & Paratyphoid Vaccine	Kitasato Kenkyujo	784	38,600 cc
		785	38,650
		787	38,850
		789	38,750
		793	38,800
		795	38,400
		796	38,800
		799	39,100
	Nitto Yakuhin	86	36,450
		93	40,300
		112	39,700
		113	39,500
	Takeda Yakuhin	174	18,100
	Toshiba Seibutsu	288	17,900
		290	17,650
		298	13,800
		301	15,450
		315	17,250
		316	17,850
Typhus Vaccine	Kagaku & Kessei	166	18,080 cc
		167	17,680
		169	19,120
		170	19,220
		171	17,780
		172	18,120
	Kitasato Kenkyujo	90	115,380 cc
		25	19,240
		28	17,680
		29	18,580

#### SECTION IV

##### NARCOTIC CONTROL

###### Enforcement

During the month of April large seizures of narcotics were reported as follows:

Kobe	four seizures	860 grams heroin
Osaka	two seizures	334 grams heroin
Yokohama	six seizures	500 grams powdered opium 321 grams heroin

One of the seizures in Kobe was reported as have been smuggled from Hongkong by a merchant seaman. The sources of the other narcotics have not been determined.

Two Chinese arrested in Moji, Fukuoka, were found in possession of two complete sets of apparatus for smoking opium, small quantities of blocks of opium, sticks of opium, and opium prepared for smoking. One of the defendants stated he has smoked opium since 1937. A third Chinese is being sought in connection with the seizure.

A hospital was burglarized of a quantity of narcotics in Kyoto City. The narcotics had been stored in a wooden cabinet contrary to instructions issued by the Narcotic Section, Ministry of Welfare. The narcotic license of the hospital was suspended for a two-month period, and the administrator of the hospital was advised the license will not be reinstated until such time as a satisfactory safe is provided for storage of narcotics.

## SECTION V

## WELFARE

Public Assistance Report - February

The Ministry of Welfare has submitted the following statistics for the month of February. Figures for January 1950 and for February 1949 are shown for purpose of comparison.

	<u>Feb. 1950</u>	<u>Jan. 1950</u>	<u>Feb. 1949</u>
Persons - Institutional	127,177	124,715	138,575
Persons - Non-institutional	1,645,551	1,602,097	1,577,157
Totals	1,772,728	1,726,812	1,715,732
Assistance - Cash	1,015,297,892	957,423,504	650,124,954
Assistance - Kind	14,309,839	20,183,348	25,673,430
Totals	¥ 1,029,607,731	977,606,852	675,798,384

Prefecture figures are included as Incl. No. 1

United Nations Fellowships

The following Japanese nationals have been selected for United Nations Fellowships from the 17 applications which were forwarded by the Japan Committee:

Mr. Kiyoshi Ikegawa, Chief Child Welfare Division, Osaka Municipal Welfare Dept., left on 7 April for orientation at the Geneva, Switzerland United Nations Office and for observation and study in the United Kingdom. It is expected that he will also attend the International Conference of Social Work Meeting in Paris, 23-28 July 1950.

Mr. Yasuo Tsujimura, psychologist with the Protection Section of the Children's Bureau, Ministry of Welfare left on 11 May for orientation at the Lake Success, N.Y. Headquarters of United Nations and for observation and study of vocational rehabilitation programs in Canada.

Dr. Fumihide Koike, Maternal and Child Health Section of the Children's Bureau, Ministry of Welfare, will leave on 24 May for orientation at the Lake Success, N.Y. Headquarters of United Nations and under the direction of the Social Security Administration, Washington, D. C. will observe and study maternal and child health programs in the United States.

Mr. Yuichi Nakamura, member of the faculty of the Japan School of Social Work, Tokyo, will leave on 24 May for the United States where he will study social work education after orientation at Lake Success United Nations Headquarters.

Mr. Kenichiro Imaoka, In-Service Training Director for Miyagi Prefecture will leave on 24 May for the United States where he will observe and study in-service training programs after orientation at United Nations Lake Success Headquarters.

Miss Tatsuko Ohara, sponsored by Saitama Prefecture to which she will return as a child welfare official will leave on 24 May for the United States where she will observe and study child welfare programs after orientation at United Nations Lake Success Headquarters.

Dr. Syotaro Mizuno, Director of the Osaka National Vocational Training School, will leave in September for orientation at the Geneva, Switzerland United Nations Headquarters and for observation and study of vocational rehabilitation programs in the United Kingdom.

All of the above Fellowships are for 6 months from time of departure to time of return to the home country. The United Nations provides expenses and a monthly stipend while in the country of observation. Other sources have provided transportation from, and return to, Japan.

It is believed that United Nations Fellowships will be a continuing program and further applications are desired by the Fellowship Committee so that they may be reviewed and forwarded for the 1951 awards. Inquiries and applications should be forwarded to Vice-Ministry Kasai, Ministry of Welfare, Tokyo, who is chairman of the Central Fellowship Committee.

#### Daily Life Security Law

The revised Daily Life Security Law was passed with minor amendments by the upper and lower houses of the Diet on 29 April 1950. English translations of the revised law are being prepared and will be available for distribution to the Civil Affairs Regions in the near future. The law becomes effective upon its promulgation.

#### Law for Establishment of Welfare Secretaries

The Law for the Establishment of Welfare Secretaries was passed on 30 April 1950, to become effective in prefectures and cities after 1 July 1950, and in towns and villages before 1 April 1950. Translation of the law is attached as Incl. No. 2. Ordinances and Ministry Regulations will be transmitted when available.

#### Technical Bulletin - Job Descriptions and Staff Development

Inclosed herewith as Incl. No. 3 is Public Health and Welfare Technical Bulletin, TB PH WEL-22, subject: Welfare Personnel Job Analysis and Information Concerning Staff Development, which has been developed to assist the Japanese and Civil Affairs personnel in offering assistance to local welfare departments. The job descriptions are an analysis of fields of operation primarily and are not specific in nature. The material has been submitted to the Ministry of Welfare and will be released in the near future.

### SECTION VI

#### SOCIAL SECURITY

##### Seamen's Insurance Law and Ministerial Ordinance

Transmitted with this Bulletin as Inclosure No. 4 is the English text of the basic law and ministerial ordinance governing the Seamen's Insurance program. The publication, printed by the Japanese Government after the translation had been developed through the joint efforts of the Insurance Bureau, Ministry of Welfare, and the Social Security Division, Public Health and Welfare Section, incorporates all amendments made to the basic law (Law 73 of 1939) through 1949 (Law 156 of 1949) and all amendments made to the basic ministerial ordinance (Ministry of Welfare Ordinance 5 of 1940) through 1949 (Ministry of Welfare Ordinance 32 of 1949).

During the course of printing this document, the Diet in the current session enacted the three laws discussed below, two of which affect the Seamen's Law. These amendments are not reflected in Inclosure No. 4 as printed. Any additional amendments to the Seamen's Insurance Law or Ordinance ("Regulation") will be published in the Bulletin as enacted.

##### Law for the Establishment of :

the Social Insurance Council,  
the Social Insurance Medical Council,  
the Social Insurance Referee and,  
the Social Insurance Appeals Council.

The Diet on 31 March 1950 enacted as Law 47 of 1950 the "Law for the Establishment of the Social Insurance Council, the Social Insurance Medical Council, the Social Insurance Referee and the Social Insurance Appeals Council", Incl. No. 5.

The effect of this law is as follows:

1. The former Health Insurance, Welfare Pension Insurance and Seamen's Insurance Advisory Councils are combined in one "Social Insurance Council", established in the Ministry of Welfare. The National Health Insurance (Advisory) Council

in each prefecture, are not affected by this law. Articles 8-(18) through 8-(22) of the National Health Insurance Law and Cabinet Order 224 of 1948, "Cabinet Order Concerning National Health Insurance Advisory Councils", continue in effect (see Public Health and Welfare Bulletin No. 140 of 30 September 1949 and Enclosure No. 6 thereto)

2. The former Health Insurance, Welfare Pension Insurance and Seamen's Insurance Appeals Committees (Boards) are combined in one "Social Insurance Appeals Committee", established in the Ministry of Welfare.

3. The former Insurance Referees, appointed in each prefecture to hear appeals under the Health Insurance, Welfare Pension Insurance and Seamen's Insurance programs are designated as "Social Insurance Referees".

4. The former Social Insurance Medical Fee Calculating Councils, established separately under the Health Insurance, Seamen's Insurance and National Health Insurance Laws, are abolished.

5. The former Central Social Insurance Medical Care Councils, established separately under the Health Insurance and Seamen's Insurance Laws, are combined in one "Central Social Insurance Medical Council", established in the Ministry of Welfare. This Council will perform the functions of both the former Central Social Insurance Medical Care Councils and the former Social Insurance Medical Fee Calculating Councils. Under this new law, this Council will make recommendations with respect to the National Health Insurance program as well as the Health Insurance and the Seamen's Insurance programs.

6. The former Local Social Insurance Medical Care Councils, established separately under the Health Insurance and Seamen's Insurance Laws in each prefecture, are combined in one "Prefectural Social Insurance Medical Council", established in each prefecture. These Councils will make recommendations with respect to National Health Insurance as well as Health Insurance and Seamen's Insurance.

Heretofore these agencies have been authorized by provision in each of the basic social insurance laws concerned. Now the foundation for their existence lies in this single law and only certain implementing provisions will be retained in the individual laws for the various social insurance programs. The "Supplementary Provisions" at the end of this law contain the articles specifically amending the several social insurance laws. Paragraph 6 of these Supplementary Provisions abolishes Cabinet Order 367 of 1949, "Social Insurance Medical Care Councils", and Cabinet Order 368 of 1949, "Social Insurance Medical Fee Calculating Councils" (see Public Health and Welfare Bulletin No. 144 of 30 November 1949). Cabinet Order 274 of 1948 (as amended by Cabinet Order 334 of 1949), "Regulations for the Insurance Referees, the Health Insurance Appeals Board, the National Health Insurance Appeals Board, the Seamen's Insurance Appeals Board and the Welfare Pension Appeals Board" (see Public Health and Welfare Bulletin No. 140 of 30 September 1949), will be revised.

#### Amendments to the Health Insurance, Seamen's Insurance and Welfare Pension Insurance Laws.

The Diet in April enacted as Law 124 of 1 May 1950 the "Law for Partial Amendments to the Health Insurance Law, etc.", Inclosure No. 6. These amendments revise the Health Insurance, Seamen's Insurance and Welfare Pension Insurance Laws to conform to the policy set by the National Tax Collection Law in reducing penalties and interest rates on delinquent accounts.

#### Amendments to the Welfare Pension Insurance Law.

The Diet on 31 March 1950 enacted as Law 35 of 1950 the "Law for Partial Amendments to the Law Amending a Part of the Welfare Pension Insurance Law and Others, etc.", Inclosure No. 7. (These amendments all relate to the Welfare Pension Insurance Law, the "Others" referring to laws amending the original Welfare Pension Insurance Law (Law 60 of 1941). Prior to amendments made by Law 21 of 1944, the Welfare Pension Insurance Law was known as the "Laborers' Pension Insurance Law".)

The first amendment in this law fixes a "temporary" contribution rate (2.6%) for the person who voluntarily continues to be insured after leaving covered

employment. The "normal" rate for such persons is 7.8%. The "temporary" and "normal" rates were introduced in the amendments of July 1948 (Law 127 of 1948) wherein the normal rate was set down as a paper figure and the temporary rate was declared to be effective "for the time being". At that time, however, temporary rates were prescribed for only persons actually engaged in covered employment (3.5% for miners and 3.0% for other men and for women). (See Public Health and Welfare Bulletins Nos. 80 of 11 July 1948 and 125 of 16 May 1949.)

The Second amendment related to setting a deadline for distributing funds remaining under a former retirement allowance law that was abolished in 1944. The Accumulated Fund and Allowance for Retirement Law (Law 42 of 1946), effective 1 January 1937, provided that certain employers should deduct 2% of each employees' wages ("Accumulated funds"), match such deductions by a contribution by the employer ("retirement allowances") and accumulate such monies against the time the employee left such employment, at which time the accumulated total would be paid to the employee. Law 21 of 1944, which amended the Welfare Pension Insurance Law (theretofore known as the "Laborers' Pension Insurance Law"), provided that Law 42 of 1936 was thereafter abolished and that, for purposes of funds already accumulated under such law, all employees affected would be considered as having "retired" on the day preceding the effective date of the 1944 law but that the allowance so accumulated would not be paid until actual termination of employment. The abolition of Law 42 of 1936 was prompted by fear of inflation. The current amendment makes the accumulated funds payable not later than 11 April 1950 regardless of whether the employee continues in his employment or not. No deductions have been made since 1944 and this amendment does not revive the 1936 law. All accumulated money will be paid out. It is estimated that approximately ¥120 million was on hand as of December 1949.

Ministry of Welfare Ordinance 12 of 1950 provides procedure for reporting compliance by employers with the amendment concerning the "Accumulated fund and retirement allowance".

#### Amendments to the Health Insurance, Seamen's Insurance and Welfare Pension Insurance Enforcement Regulation

Ministry of Welfare Ordinance, "The Ministerial Ordinance for Partial Amendments to the Enforcement Regulation of the Health Insurance Law, etc." (Inclosure No. 8) implements Law 124 of 1950 (see above) by amending the Enforcement Regulations of the Health Insurance, Seamen's Insurance and Welfare Pension Insurance Laws with respect to the reduction in penalties and interest rates on delinquent accounts.

#### Reporting Procedure for Social Insurance Referees

On 19 April 1950, the Chief of the General Affairs Section, Insurance Bureau, Ministry of Welfare issued to all prefectural governors Notification ("Hoken-hatsu") No. 70 (Incl. No. 9) prescribing the method to be employed by Social Insurance Referees in each prefecture in reporting appeals received and decided by them under Health Insurance (society-managed and government-managed), Welfare Pension Insurance and Seamen's Insurance. Reporting by referees has been irregular and inadequate. This notification requires that reports be made every month, regardless of whether any appeals are received or decided within the month, and specifies the information needed for a review of the appeals reported.

### SECTION VII

#### PUBLIC HEALTH MEMO TO JAPANESE GOVERNMENT

<u>PHMJG NO.</u>	<u>Date</u>	<u>Subject</u>	<u>Surveillance</u>
126	20 Mar 50	Conduct of National Nutrition Surveys in 1950	No
127	25 Mar 50	Revision of Standards for Food Intake of Japanese by Age Group, Sex and Labor Grade	No
128	5 Apr 50	Disposition of Specific Unidentified Looted Property	No.

PHMJG No. Date Subject Surveillance

129 22 Apr 50 Regulations for Tests, Methods of Assay, and  
Certification of Antibiotic Drugs and Antibiotic-  
Containing Drugs

No

*Crawford F. Sams*

CRAWFORD F. SAMS  
Brigadier General, Medical Corps  
Chief

15 Incls

1. Prefecture Public Assistance Report - February 1950
2. Law for the Establishment of Welfare Secretaries
3. Technical Bulletin - Job Descriptions and Staff Development
4. Seamen's Insurance Law and Ministerial Ordinance
5. Law for the Establishment of Social Insurance Councils
6. Law No 124 of 1 May 1950 (Law for Partial Amendments to the Health Insurance Law)
7. Law for Partial Amendments to the Welfare Pension Insurance Law
8. Ministerial Ordinance for Partial Amendments to the Enforcement Regulation of the Health Insurance Law, etc.
9. Hoken-hatsu No. 70
10. Japanese Hospital Strength Report - February 1950
11. Japanese Hospital Strength Report - March 1950
12. Monthly Report of Communicable Diseases in Japan for Four Week Period Ended 25 March 1950.
13. Weekly Report of Communicable Diseases in Japan for Week Ended 1 April 1950.
14. Weekly Report of Communicable Diseases in Japan for Week Ended 8 April 1950.

## PREFECTURE PUBLIC ASSISTANCE REPORT - FEBRUARY 1950

Prefecture	<u>Persons</u>		<u>Relief Expenses</u>	
	Institutional	Non-institutional	In Kind	Cash
Hokkaido	13,846	55,089	603,896	49,831,207
Aomori	2,204	24,279	96,096	15,783,877
Iwate	1,238	31,519	-	17,350,466
Miyagi	1,629	42,701	17,760	18,938,207
Akita	605	37,966	-	25,993,206
Yamagata	1,251	27,255	217,176	13,755,159
Fukushima	1,323	51,722	48,516	26,521,507
Ibaraki	1,371	36,060	93,600	17,795,538
Tochigi	1,089	25,103	-	12,749,883
Gumma	2,769	34,460	2,280	19,028,864
Saitama	1,750	40,784	247,750	22,055,430
Chiba	2,005	32,106	-	12,545,253
Tokyo	17,049	120,090	-	104,771,729
Kanagawa	4,851	45,623	12,140	37,529,378
Niigata	4,308	55,480	159,306	28,814,249
Toyama	1,682	25,787	-	15,915,729
Ishikawa	1,689	22,353	161,905	11,390,653
Fukui	677	16,619	-	9,884,022
Yamanashi	777	19,737	-	9,362,944
Nagano	3,990	44,542	122,952	30,576,673
Gifu	1,112	30,335	86,992	15,886,082
Shizuoka	2,438	45,097	2,687,570	28,400,507
Aichi	7,891	59,144	-	38,436,431
Mie	1,667	35,821	-	20,758,493
Shiga	357	24,051	-	12,896,418
Kyoto	4,300	43,355	6,727,438	29,244,228
Osaka	9,756	50,593	3,750	44,698,973
Hyogo	4,244	70,178	-	44,029,192
Nara	676	18,229	-	11,187,329
Wakayama	2,307	25,607	-	13,770,225
Tottori	1,058	16,348	-	10,057,834
Shimane	957	21,923	9,222	12,758,959
Okayama	3,670	45,276	340,054	25,974,096
Hiroshima	3,061	40,134	424,235	23,869,216
Yamaguchi	3,212	32,211	1,615	24,918,660
Tokushima	602	26,718	1,500	13,613,798
Kagawa	1,625	22,169	333,357	9,856,158
Ehime	791	33,420	7,580	18,748,158
Kochi	417	23,224	242,891	12,596,133
Fukuoka	1,502	19,707	233,272	16,971,362
Saga	1,500	17,122	295,722	9,695,709
Nagasaki	1,338	29,563	351,940	17,910,195
Kumamoto	1,743	34,808	698,688	17,910,428
Oita	2,191	23,643	-	11,969,223
Miyazaki	1,446	24,815	80,636	11,437,236
Kagoshima	1,213	42,785	-	16,741,687
Total	127,177	1,645,551	14,309,839	1,014,930,704

Inclosure No. 1

Law concerning the Establishment of  
the Social Welfare Secretary

(Establishment)

Article 1. To, Do, Fu or prefecture and city, town or village shall establish the social welfare secretaries who shall assist the execution of the business rendered by the Governor of To, Do, Fu or prefecture or the mayor of city, town or village concerning the enforcement of the Daily Life Security Law (Law No. \_\_\_\_ of 1950), Child Welfare Law (Law No. 164 of 1947) and Law for Welfare of Disabled Persons (Law No. 283 of 1949). Provided, however, that the said establishment may be deferred until July 31, 1950 in the city, and March 31, 1951 in the town or village.

(Qualifications)

Article 2. The social welfare secretaries shall be administrative or technical officials and appointed from among those who are more than 20, and less than 45 years of age and are of a high and noble personality with a ripe maturity in emotion and experiences, and who are enthusiastic in the promotion of social welfare, and in addition, those who have the qualifications listed in one of the following items.

- (1) One who has completed the prescribed course in social work approved by the Minister of Welfare in a university in accordance with the School Education Law (Law No. 26 of 1947), or a university in accordance with the old University Ordinance (Imperial Ordinance No. 388 of 1918), or a higher school in accordance with the old Higher School Ordinance (Imperial Ordinance No. 389 of 1918), or a college in accordance with the old College Ordinance (Imperial Ordinance No. 61 of 1903), and has graduated therefrom, or,
- (2) One who has successfully completed the course of a training organ or institute designated by the Minister of Welfare, or
- (3) One who has passed the examination for social welfare secretaries by the Minister of Welfare.
- (4) One who is actually engaged in social welfare service on the occasion of enforcement of this Law, with a minimum of 2 year experiences by engaging oneself in social welfare service as fulltime paid staff member of any agency or institution designated by the State, local public body or the Minister of Welfare after January 1, 1946, or one who is actually engaged in social work, with a minimum of 3 year experiences in the last five years by engaging oneself in the service of social welfare, public health, school education, employment security, protection of minors and girls or offenders rehabilitation.

The persons actually engaged in social welfare programs in the State or local public bodies on the occasion of enforcement of this Law may be those who are more than 45 years of age, regardless of the provisions of the preceding paragraph.

(Transitory provisions)

Article 3. In case the Governor of To, Do, Fu or prefecture or the mayor of city, town or village cannot find any person who has the qualifications provided for in paragraph 1 of the preceding Article, he may let the persons who are approved by the Governor of To, Do, Fu or prefecture as having the personality, emotion, enthusiasm, knowledge and skill equivalent to or more than the qualifications prescribed in the same paragraph of same Article and who are between 20 and 45 years of age perform the service of the social secretary. Provided, however, that this will limited to two years subsequent to the enforcement of this Law, and provided further, that in the case of the persons actually engaged in social welfare program on the occasion of enforcement of this Law they may be those who are more than 45 years of age.

(Fixed number)

Article 4. The fixed number of social welfare secretaries shall be determined by a by-law of To, Do, Fu or prefecture or city, town or village.

The fixed number mentioned in the preceding paragraph shall be sufficient to insure the efficient and economical administration of service for which To, Do, Fu or prefecture or the city, town or village is responsible under the provisions of the Daily Life Security Law, the Child Welfare Law and the Law for Welfare of Disabled Persons.

#### Supplementary Provisions :

(Date of enforcement)

1. This Law shall come into force as from the day of its promulgation.

(Partial amendment of the Daily Life Security Law)

2. A part of the Daily Life Security Law shall be amended as follows :-

Article 21 shall be amended as follows :

(Auxiliary organ)

Article 21. The social welfare secretaries provided for in the Law concerning the Establishment of the Social Welfare Secretary (Law No. 1950) shall assist in the execution of business conducted by the Governor of To, Do, Fu or prefecture or the mayor of city, town or village with respect to enforcement of this Law.

Inclosure Nos. 3 and 4 missing

Law for the Establishment of the Social Insurance Council,  
the Social Insurance Medical Council, the Social  
Insurance Referee and the Social Insurance Appeals  
Committee

(Law 47 of 31 March 1950)

CONTENTS

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Chapter I. The Social Insurance Council  
(Articles 1 to 12)

Chapter II. The Social Insurance Medical Council  
(Articles 13 to 21)

Chapter III. The Social Insurance Referee and the Social Insurance Appeals Committee

Section I. Social Insurance Referee  
(Article 22)

Section II. Social Insurance Appeals Committee  
(Articles 23 to 30)

Supplementary Provisions

## CHAPTER I. SOCIAL INSURANCE COUNCIL

### Article 1. Establishment

The Social Insurance Council (hereinafter referred to as the "Council") shall be established in the Ministry of Welfare in order to study and advise concerning matters relative to the administration and operation of Government-managed Health Insurance, Seamen's Insurance and Welfare Pension Insurance.

### Article 2. Function

The Council shall investigate, deliberate and make written recommendations on matters relative to the administration and operation of Government-managed Health Insurance, Seamen's Insurance and Welfare Pension Insurance as requested by the Minister of Welfare, and may make such written recommendations on its own initiative to the Minister of Welfare and other Ministers concerned.

### Article 3. Organization

The Council shall consist of 27 members as enumerated below:

- (1) Members representative of the interests of the insured covered by Government-managed Health Insurance, Seamen's Insurance or Welfare Pension Insurance, 9 persons;
- (2) Members representative of the interests of the employers of the insured covered by Government-managed Health Insurance or Welfare Pension Insurance and of the shipowners who employ the insured covered by Seamen's Insurance, 9 persons;
- (3) Members representative of the public interest, 9 persons.

2. Men of experience concerning medical care shall be included in the members prescribed in the preceding paragraph, item (3).

3. If the Minister of Welfare deems it necessary for the consideration of a technical matter, expert members not exceeding six in number, may be appointed in each such case.

4. The regular members and the expert members shall be appointed by the Minister of Welfare.

5. The regular members and the expert members shall be regarded as part-time employees.

### Article 4. Term of office

The term of office of the members shall be two years, and one-half of the members shall be appointed annually.

2. The term of office of a member who fills a vacancy shall be the remainder of the term of office of his predecessor.

### Article 5.

There shall be one chairman of the Council elected by the members from among those members who represent the public interest.

2. The Chairman shall preside over the meetings and shall represent the Council.

3. In case of the Chairman's absence, a member elected in accordance with the provisions of paragraph 1 shall act for him.

## Article 6.

The Chairman may establish sub-councils in the Council and may allot portions of the Council's work to such sub-councils.

2. The Chairman shall appoint the regular members and the expert members of the sub-councils.

3. There shall be one chief of each sub-council. The Chief shall be appointed by the Chairman from among the members of such sub-council.

4. The Chief shall preside over the meetings of the sub-council.

5. In case of the absence of the chief of a sub-council, a member appointed by the Chairman from among the members of such sub-council shall act for him.

6. The Council, in accordance with the rules prescribed by the Council, may regard the decision of a sub-council as that of the Council.

## Article 7. Submittal of data and information

The Minister of Welfare shall submit such data and information concerning Health Insurance, Seamen's Insurance and Welfare Pension Insurance as the Council may request.

## Article 8. Meetings

The Council shall convene one or more times every three months unless good cause is shown.

## Article 9.

The Council shall be convened by the Chairman.

2. Upon the inquiry of the Minister of Welfare or the request for convocation by one-third or more of the members, who denote the matters to be considered, the Chairman shall convene the Council within two weeks of the date of such inquiry or request; provided, however, that if a sub-council is regularly responsible for any part of the affairs concerning which such inquiry or request was made, the Chairman may direct the Chief of such sub-council to convene the sub-council in lieu of convening the Council.

## Article 10. Report to the Minister of Welfare

Within sixty days after the close of each fiscal year, the Council shall submit a written report to the Minister of Welfare concerning its activities and findings and a summary of its recommendations during the fiscal year concerned.

## Article 11. Clerical matters

Clerical matters shall be performed for the Council by the Insurance Bureau of the Ministry of Welfare.

## Article 12. Miscellaneous provision

The Council shall prescribe the procedure and other necessary administrative matters of meetings of the Council not otherwise specified by Law.

## CHAPTER II. SOCIAL INSURANCE MEDICAL COUNCIL

## Article 13. Establishment

The Central Social Insurance Medical Council (hereinafter referred to as the "Central Council") shall be established in the Ministry of Welfare in order to

investigate, deliberate and make recommendations on matters concerning guidance and supervision with respect to appropriate medical care by insurance doctors and pharmacists under Health Insurance and Seamen's Insurance (hereinafter referred to as "insurance doctors and pharmacists"), and purveyors of medical care benefits under National Health Insurance (hereinafter referred to as "purveyors of medical care benefits"), and to investigate, deliberate and recommend appropriate medical care fees for Health Insurance and Seamen's Insurance and standards for appropriate medical care fees for National Health Insurance.

2. A Prefectural Social Insurance Medical Council (hereinafter referred to as the "Prefectural Council") shall be established in each To, Do, Fu and prefecture in order to investigate, deliberate and make recommendations on matters concerning guidance and supervision with respect to appropriate medical care by insurance doctors and pharmacists and purveyors of medical care benefits.

#### Article 14. Function

The Central Council shall investigate, deliberate and make written recommendations relative to the following matters as requested by the Minister of Welfare, and may make such written recommendations on its own initiative to the Minister of Welfare:

- (1) Matters concerning the designation and revocation of designation of insurance doctors and guidance and supervision of medical care by insurance doctors and pharmacists and purveyors of medical care benefits;
- (2) Matters concerning appropriate medical care fees for Health Insurance and Seamen's Insurance and standards for appropriate medical care fees for National Health Insurance.

2. The Prefectural Council shall investigate, deliberate and make written recommendations relative to the matters referred to in item (1) of the preceding paragraph, as requested by the governor of To, Do, Fu or prefecture, and may make such written recommendations on its own initiative to the governor of To, Do, Fu or prefecture.

#### Article 15. Organization

The Central Council and the Prefectural Councils shall each consist of 24 members as enumerated below:

- (1) Members representative of the interests of the insurers under Health Insurance, Seamen's Insurance or National Health Insurance, six persons;
- (2) Members representative of the interests of the insured and the employers and shipowners under Health Insurance, Seamen's Insurance or National Health Insurance, six persons;
- (3) Members representative of the interests of doctors, dentists and pharmacists, six persons;
- (4) Members representative of the public interest.

2. If the Minister of Welfare, or the governor of To, Do, Fu or prefecture, deems it necessary for the consideration of a technical matter, expert members, not exceeding ten in number, may be appointed in each such case.

3. The regular members and the expert members of the Central Council shall be appointed by the Minister of Welfare and the regular members and the expert members of the Prefectural Council shall be appointed by the governor of To, Do, Fu or prefecture.

4. The appointment of the members under items (1) to (3), inclusive, of paragraph 1, shall be made upon the recommendations of the organizations concerned.

5. The regular members and the expert members of the Central Council and the Prefectural Councils shall be regarded as part-time employees.

#### Article 16.

The term of office of the members shall be two years, and one-half of the members shall be appointed annually.

2. The term of office of a member who fills a vacancy shall be the remainder of the term of office of his predecessor.

#### Article 17.

There shall be one chairman of the Central Council and each Prefectural Council elected by the members from among those members who represent the public interest.

2. The Chairman shall preside over the meetings and shall represent the Central Council or the Prefectural Council, respectively.

3. In case of the Chairman's absence, a member elected in accordance with the provisions of paragraph 1, shall act for him.

#### Article 18. Meetings

The Central Council and each Prefectural Council shall convene one or more times every six months unless good cause is shown.

#### Article 19.

The Central Council and the Prefectural Council shall be convened by the Chairman.

2. Upon the inquiry of the Minister of Welfare or the governor of To, Do, Fu or prefecture, or the request for convocation by one-third or more of the members, who denote the matters to be considered, the Chairman shall convene the Central Council or the Prefectural Council, respectively, within two weeks of the date of such inquiry or request.

#### Article 20. Clerical matters

Clerical matters shall be performed for the Central Council by the Insurance Bureau of the Ministry of Welfare.

2. Clerical matters shall be performed for the Prefectural Council by the Welfare Bureau of To or Welfare Department of the Do, Fu or prefecture in which the Prefectural Council is established.

#### Article 21. Miscellaneous provision

The Central Council or the Prefectural Council shall prescribe the procedure and other necessary administrative matters of meetings of the Central Council or Prefectural Council, respectively, not otherwise specified by Law.

### CHAPTER III. SOCIAL INSURANCE REFEREE AND SOCIAL INSURANCE APPEALS COMMITTEE

#### Section I. Social Insurance Referee

#### Article 22. Establishment

Social Insurance Referees shall be established in To, Do, Fu and prefectures in order to hear and decide appeals from decisions made by the insurer concerning payment of insurance benefits under Health Insurance, Seamen's Insurance and Welfare Pension Insurance.

2. The Minister of Welfare shall appoint the Social Insurance Referees from among the second class secretaries of the prefectoral government.

## Section II. Social Insurance Appeals Committee

### Article 23. Establishment

The Social Insurance Appeals Committee (hereinafter referred to as the "Appeals Committee") shall be established in the Ministry of Welfare in order to hear and decide appeals from decisions made by Social Insurance Referees concerning payment of insurance benefits and from decisions made by the insured concerning the amount of contributions or other assessments levied under the provisions of the Health Insurance Law (Law No. 70 of 1922), the Seamen's Insurance Law (Law No. 73 of 1939) and the Welfare Pension Insurance Law (Law No. 60 of 1941), the action taken in collecting such amounts, or the procedure as provided in Article 11-(2) or the Health Insurance Law, Article 12-(2) of the Seamen's Insurance Law and Article 11-(2) of the Welfare Pension Insurance Law.

### Article 24. Organization

The Appeals Committee shall consist of 18 members as enumerated below:

- (1) Members representative of the interests of the insured covered by Health Insurance, Seamen's Insurance or Welfare Pension Insurance, six persons;
- (2) Members representative of the interests of the employers of the insured covered by Health Insurance or Welfare Pension Insurance and of the shipowners who employ the insured covered by Seamen's Insurance, six persons;
- (3) Members representative of the public interest, six persons.

2. The members shall be appointed by the Minister of Welfare.

3. The members shall be regarded as part-time employees.

### Article 25.

The term of office of the members shall be 3 years, and one-third of the members shall be appointed annually.

2. The term of office of a member who fills a vacancy shall be the remainder of the term of office of his predecessor.

### Article 26.

There shall be one chairman of the Appeals Committee elected by the members from among those members who represent the public interest.

2. The Chairman shall preside over the meetings and shall represent the Appeals Committee.

3. In case of the Chairman's absence, a member elected in accordance with the provisions of paragraph 1 shall act for him.

### Article 27. Quorum

The Appeals Committee shall not commence proceedings or make a decision without the presence of at least one member representing the insured covered by Health

Insurance, one member representing the employers of the insured covered by Health Insurance and one member representing the public interest, in the case of an appeal concerning Health Insurance; one member representing the insured covered by Seamen's Insurance, one member representing the shipowners who employ the insured covered by Seamen's Insurance and one member representing the public interest, in the case of an appeal concerning Seamen's Insurance; or one member representing the insured covered by Welfare Pension Insurance, one member representing the employers of the insured covered by Welfare Pension Insurance and one member representing the public interest, in the case of an appeal concerning Welfare Pension Insurance.

#### Article 28. Decision in case of a tie

The decision of the Appeals Committee on any case shall be made by a majority of the members present, and, in case of a tie, the chairman shall make the decision.

#### Article 29. Clerical matters

Clerical matters shall be performed for the Appeals Committee by the Insurance Bureau of the Ministry of Welfare.

#### Article 30. Miscellaneous provision

The Appeals Committee shall prescribe the procedure and other necessary administrative matters of meetings of the Appeals Committee not otherwise specified by Law.

### SUPPLEMENTARY PROVISION

#### 1. Date of enforcement

This Law shall come into force as from April 1, 1950.

#### 2. Amendment and cancellation of the other law and regulation.

The Health Insurance Law shall be partially amended as follows:

The following one Article shall be added next to Article 24;

Article 24-(2). The Minister of Welfare shall request the opinion of the Social Insurance Council before acting upon matters involving planning, legislation or major administrative policy concerning the administration and operation of Government-managed Health Insurance.

In Article 43-(4), paragraph 2, "consider the views of the Central Social Insurance Medical Care Council" shall be amended as "request and consider the opinion of the Central Social Insurance Medical Council".

Article 43-(5) shall be amended as follows:

Article 43-(5). In determining major policy concerning the designation and revocation of designation of insurance doctors and pharmacists, and the guidance and supervision of medical care by insurance doctors and pharmacists, the Minister of Welfare shall request and consider the opinion of the Central Social Insurance Medical Council and the governor of To, Do, Fu or prefecture, the opinion of the Prefectural Social Insurance Medical Council.

In Article 43-(6), paragraph 3, "consider the views of the Social Insurance Medical Fee Calculating Council" shall be amended as "request and consider the opinion of the Central Social Insurance Medical Council".

Article 43-(7) shall be deleted.

In Article 71-(4), paragraph 1, "the Health Insurance Council" shall be amended as "the Social Insurance Council".

Chapter VI shall be deleted, Chapter VII shall be made Chapter VI and Chapter VIII made Chapter VII.

In Article 80, paragraph 1; Article 83-(7) to 83-(12), inclusive; Article 83, paragraph 1; and Article 86-(2) "the Insurance Referee" shall be amended as "the Social Insurance Referee" and "the Health Insurance Appeals Committee" as "the Social Insurance Appeals Committee".

In Article 81, "the Health Insurance Appeals Committee" shall be amended as "the Social Insurance Appeals Committee".

Article 81-(2) shall be deleted and Articles 82 to 83-(5), inclusive, shall be amended as follows:

Articles 82 to 83-(5), inclusive. Deleted.

In Article 83-(6), "the Insurance Referee" shall be amended as "the Social Insurance Referee", and "the Insurance Referee who is competent" shall be amended as "the Social Insurance Referee who is competent".

Articles 84-(3) and 84-(4) shall be deleted and Article 85 shall be amended as follows:

Article 85. Deleted.

3. The National Health Insurance Law (Law No. 60, 1938) shall be partially amended as follows:

Article 8-(5) shall be amended as follows:

Article 8-(5). The insurer shall determine medical care fees, on the basis of the standards for appropriate medical care fees determined by the Minister of Welfare, after consulting with the purveyors of medical care benefits and shall obtain the approval of the governor of To, Do, Fu or prefecture.

2. The Minister of Welfare, in determining standards for appropriate medical care fees, under the provisions of the preceding paragraph, shall request and consider the opinion of the Central Social Insurance Medical Council.

3. If an ordinary National Health Insurance Association or a juridical person administering National Health Insurance desires to obtain the approval of the governor of To, Do, Fu or prefecture, in accordance with the provision of paragraph 1, the application for approval shall be submitted through the mayor of the city, town or village concerned.

Article 8-(7) shall be amended as follows:

Article 8-(7). In dispensing medical care to insured persons, purveyors of medical care benefits shall exercise kindness and care and shall observe the directions prescribed by the governor of To, Do, Fu or prefecture in accordance with the regulations determined by the Minister of Welfare.

2. The Minister of Welfare in determining the regulations under the preceding paragraph, shall request and consider the opinion of the Central Social Insurance Medical Council.

3. In determining major policy concerning the guidance and supervision of medical care by the purveyors of medical care, the governor of To, Do, Fu or prefecture shall request and consider the opinion of the Prefectural Social Insurance Medical Council.

4. The Seamen's Insurance Law shall be partially amended as follows:

The following one Article shall be added next to Article 2:

Article 2-(2). The Minister of Welfare shall request the opinion of the Social Insurance Council before acting upon matters involving planning, legislation or major administrative policy concerning the administration and operation of Seamen's Insurance.

In Article 28-(4), paragraph 2, "consider the views of the Central Social Insurance Medical Care Council" shall be amended as "request and consider the opinion of the Central Social Insurance Medical Council".

Article 28-(5) shall be amended as follows:

Article 28-(5). In determining major policy concerning the designation and revocation of designation of insurance doctors and pharmacists, and the guidance and supervision of medical care by insurance doctors and pharmacists, the Minister of Welfare shall request and consider the opinion of the Central Social Insurance Medical Council, and the governor of To, Do, Fu, or prefecture, the opinion of the Prefectural Social Insurance Medical Council.

In Article 28-(6), paragraph 3, "consider the views of the Social Insurance Medical Fee Calculating Council" shall be amended as "request and consider the opinion of the Central Social Insurance Medical Council".

Article 28-(7) shall be deleted.

In Article 33-(13), paragraph 1; Article 3-(14), paragraph 2; Article 52-(2), paragraph 2; and Article 52-(3), paragraph 2, "the Seamen's Insurance Council" shall be amended as "the Social Insurance Council".

Chapter V shall be deleted, Chapter VI shall be made Chapter V and Chapter VII made Chapter VI.

In Article 63, paragraph 1; Articles 65-(9) to 65-(14), inclusive; Article 67, paragraph 1; and Article 67-(2), "the Insurance Referee" shall be amended as "the Social Insurance Referee", and "the Seamen's Insurance Appeals Committee" as "the Social Insurance Appeals Committee".

In Article 64, "the Seamen's Insurance Appeals Committee" shall be amended as "the Social Insurance Appeals Committee".

Article 65 to 65-(7), inclusive, shall be amended as follows:

Article 65 to 65-(7), inclusive. Deleted.

In Article 65-(8), "the Insurance Referee" shall be amended as "the Social Insurance Referee" and "the Insurance Referee who is competent" shall be amended as "the Social Insurance Referee who is competent".

Articles 65-(16) and 65-(17) shall be deleted and Article 66 shall be amended as follows:

Article 66. Deleted.

## 5. The Welfare Pension Insurance Law shall be partially amended as follows:

The following one Article shall be added next to Article 2:

Article 2-(2). The Minister of Welfare shall request the opinion of the Social Insurance Council before acting upon matters involving planning, legislation or major administrative policy concerning the administration and operation of Welfare Pension Insurance.

Chapter V shall be deleted, Chapter VI shall be made Chapter V and Chapter VII made Chapter VI.

In Article 62, paragraph 1; Article 65-(8) to 65-(13), inclusive; Article 66, paragraph 1; and Article 66-(2), "the Insurance Referee" shall be amended as "the Social Insurance Referee", and "the Welfare Pension Insurance Appeals Committee" as "the Social Insurance Appeals Committee".

In Article 63, "the Welfare Pension Insurance Appeals Committee" shall be amended as "the Social Insurance Appeals Committee".

Articles 64 to 65-(6), inclusive, shall be amended as follows:

Articles 64 to 65-(6), inclusive. Deleted.

In Article 65-(7), "the Insurance Referee" shall be amended as "the Social Insurance Referee" and "the Insurance Referee who is competent" shall be amended as "the Social Insurance Referee who is competent".

Articles 65-(15) to 65-(17), inclusive, shall be deleted.

6. The Cabinet Order concerning the Social Insurance Medical Care Council (Cabinet Order No. 367 of 1949) and the Cabinet Order concerning the Social Insurance Medical Fee Calculating Council (Cabinet Order No. 368 of 1949) shall be abolished.

#### 7. Transitional Provisions

Of the members of the Council appointed for the first time after the enforcement of this Law, the term of office of one-half as designated by the Minister of Welfare at the time of appointment, shall be one year, regardless of the provision of Article 4, paragraph 1.

8. Of the members of the Central Council and Prefectural Council appointed for the first time after the enforcement of this Law, the term of office of one-half as designated by the Minister of Welfare and the governor of To, Do, Fu or prefecture as the time of appointment, shall be one year, regardless of the provision of Article 16, paragraph 1.

9. At the time of the enforcement of this Law, a person who has actually taken the position of the Insurance Referee under the provision of Article 80, paragraph 1, of the Health Insurance Law, Insurance Referee under the provision of Article 63, paragraph 1, of the Seamen's Insurance Law, or Insurance Referee under the provision of Article 63, paragraph 1, of the Welfare Pension Insurance Law shall be deemed as being appointed the Social Insurance Referee under the provisions of this Law.

10. Of the members of the Appeals Committee appointed for the first time after the enforcement of this Law, the term of office of one-third shall be one year and that of one-third shall be two years, regardless of the provision of Article 25, paragraph 1. Such members shall be designated by the Minister of Welfare at the time of appointment.

11. Action, such as acceptance of an appeal, etc. taken by the Insurance Referee, the Health Insurance Appeals Committee, the Seamen's Insurance Appeals Committee or the Welfare Pension Insurance Appeals Committee, shall be deemed action by the Social Insurance Referees or Social Insurance Appeals Committee.

Law for Partial Amendments  
to the Health Insurance Law, etc.

(Law 124 of 1 May 1950)

Article 1. The Health Insurance Law (Law No. 70 of 1922) shall be partially amended as follows:

In paragraph 3 of Article 11, "20 sen" shall be amended as "8 sen", and in paragraph 5 of the same Article, "the preceding two paragraphs" as "the preceding three paragraphs", and next to paragraph 3 of the same Article, the following one paragraph shall be added:

"In the case of the preceding paragraph, when a part of the assessed amount has been paid, the assessed amount to be made the basis for calculation of the arrearage charge for the period after the day of such partial payment shall be the amount minus the assessed amount paid."

Article 2. The Seamen's Insurance Law (Law No. 73 of 1939) shall be partially amended as follows:

In paragraph 3 of Article 12, "20 sen" shall be amended as "8 sen", and in paragraph 5 of the same Article, "the preceding two paragraphs" as "the preceding three paragraphs", and next to paragraph 3 of the same Article, the following one paragraph shall be added:

"In the case of the preceding paragraph, when a part of the assessed amount has been paid, the assessed amount to be made the basis for calculation of the arrearage charge for the period after the day of such partial payment shall be the amount minus the assessed amount paid."

Article 3. The Welfare Pension Insurance Law (Law No. 60 of 1941) shall be partially amended as follows:

In paragraph 5 of Article 11, "20 sen" shall be amended as "8 sen", and in paragraph 7 of the same Article, "the preceding two paragraphs" as "the preceding three paragraphs", and next to paragraph 5 of the same Article, the following one paragraph shall be added.

"In the case of the preceding paragraph, when a part of the assessed amount has been paid, the assessed amount to be made the basis for calculation of the arrearage charge for the period after the day of such partial payment shall be the amount minus the assessed amount paid."

Supplementary Provision:

The Law shall come into force as from the day of promulgation; provided, however, that the revised provisions of paragraph 3 of Article 11 of the Health Insurance Law, paragraph 3 of Article 12 of the Seamen's Insurance Law, and paragraph 5 of Article 11 of the Welfare Pension Insurance Law shall apply to the arrearage charge assessable for the period beginning April 1, 1950.

Law for Partial Amendments to the  
Law Amending a Part of the Welfare Pension  
Insurance Law and Others, etc.

(Law 35 of 31 March 1950)

Article 1. The Law Amending a Part of the Welfare Pension Insurance Law and Others (Law No. 127 of 1948) shall be partially amended as follows:

In Article 11 of the Supplementary Rules, "and 3.0 percent for the insured described in Item 3" shall be amended as "3.0 percent for the insured described in item (3) and 2.6 percent for the insured described in item (4)".

Article 2. The Law Amending a Part of the Laborers' Pension Insurance Law (Law No. 21 of 1944) shall be partially amended as follows:

To paragraph 1 of Article 11 of the Supplementary Rules, the following proviso shall be added:

"; provided, however, that a worker who has not been paid his accumulated fund and retirement allowance until April 10th of 1950 shall be paid such accumulated fund and retirement allowance on the following day."

Supplementary Provision:

This Law shall come into force as from April 1, 1950.

Law for Partial Amendments to the  
Law Amending a Part of the Welfare Pension  
Insurance Law and Others, etc.

(Law 35 of 31 March 1950)

Article 1. The Law Amending a Part of the Welfare Pension Insurance Law and Others (Law No. 127 of 1948) shall be partially amended as follows:

In Article 11 of the Supplementary Rules, "and 3.0 percent for the insured described in Item 3" shall be amended as "3.0 percent for the insured described in item (3) and 2.6 percent for the insured described in item (4)".

Article 2. The Law Amending a Part of the Laborers' Pension Insurance Law (Law No. 21 of 1944) shall be partially amended as follows:

To paragraph 1 of Article 11 of the Supplementary Rules, the following proviso shall be added:

"; provided, however, that a worker who has not been paid his accumulated fund and retirement allowance until April 10th of 1950 shall be paid such accumulated fund and retirement allowance on the following day."

Supplementary Provision:

This Law shall come into force as from April 1, 1950.

The Ministerial Ordinance for Partial  
Amendments to the Enforcement Regulation of the  
Health Insurance Law, etc.  
(1950)

Article 1. The Enforcement Regulation of the Health Insurance Law (Home Ministry Ordinance No. 36 of 1926) shall be partially amended as follows:

In Form No. 2-3, "20 sen" shall be amended as "8 sen".

Article 2. The Enforcement Regulation of the Seamen's Insurance Law (Ministry of Welfare Ordinance No. 5 of 1940) shall be partially amended as follows:

In Form No. 8, "20 sen" shall be amended as "8 sen".

Article 3. The Enforcement Regulation of the Welfare Pension Insurance Law (Ministry of Welfare Ordinance No. 70 of 1941) shall be partially amended as follows:

In Form No. 7, "20 sen" shall be amended as "8 sen".

Supplementary Provisions:

1. This Ministerial Ordinance shall come into force as from the day of promulgation and apply as from April 1, 1950.
2. If a demand-letter be issued after this Ministerial Ordinance coming into force and the date set for payment be before March 31, 1950, Item 3 in Form No. 2-3 of the Enforcement Regulation of the Health Insurance Law, Form No. 8 of the Seamen's Insurance Law, and Form No. 7 of the Enforcement Regulation of the Welfare Pension Insurance Law, shall be amended as "3. Amount calculated at the rate of 20 sen per 100 yen of contributions from the day after the date set for payment until March 31, 1950 and 8 sen per 100 yen of contributions from April 1, 1950".

To: Prefectural Governor

From: Chief of the General Affairs Section, Insurance Bureau

**Subj:** Submittal of reports by Social Insurance Referee

The form and contents of the reports to be submitted to the Insurance Bureau by Social Insurance Referees beginning April 1950 shall be as follows:

The former form of such reports made by the Social Insurance Referees shall be abolished.

**Appeals Received by Social Insurance Referee (Form No. 1):**

(Month and Year)

2. Appeals decided by Social Insurance Referee (Form No. 2):

Appeals Decided by Social Insurance Referee

(Month and year)

(a) Date Filed	(b) Date decided	(c) Name of the claimant	(d) Name of the social in- surance law	(e) Summary of the appeal	(f) Statement by the insurer	(g) Main points of the decision	(h) Referee's reasons for decision

Date report completed.

Names of prefecture and Social Insurance Referee

**Remarks:**

**I. General Matters:**

1. Each of these monthly reports shall be submitted by the 10th of the following month and shall be submitted every month regardless of whether or not any appeals were received or decided within the month reported.

**II. Concerning Form No. 1.**

1. A copy of the application and a copy of the decision for dismissal shall be attached to Form No. 1 for each appeal reported in column (5) as dismissed.
2. Column (13) shall show those cases where no part of the appeal was allowed, excluding the case of column (14); and column (14) shall show those cases where the insurer admitted the statement of the claimant during the course of the disposition of the case and revised the original determination accordingly.
3. If any appeal is reported in column (18) as rendering 30 days or more, a statement shall be attached giving the filing date, name of the claimant, nature of the appeal and reason for the delay in deciding the appeal.

**III. Concerning Form No. 2.**

1. A copy of the application and a copy of the decision shall be attached to Form No. 2 for each appeal reported as decided.
2. The date entered in column (a) shall be the date the claimant first applied for an appeal, whether such application was made through the Insurance Bureau, Insurance Section, Social Insurance Referee, Social Insurance Branch Office, office of a Health Insurance Society, Public Employment Security Office or Seamen's Public Employment Security Office.
3. If the appeal relates to the Health Insurance Law, indicate in column (d) whether the society-managed or government-managed program is involved.
4. In column (e), a brief but clear statement shall be given of the specific request of the claimant and his reasons for such request.

5. A summary of the insurer's answer to the statement made by the claimant in his application for an appeal shall be given in column (f).
6. The substance of the decision (but not the reasons or basis for such decision) shall be stated exactly in column (g).
7. Column (h) shall show clearly the referee's basis for his decision, not merely that the claimant or insurer's statement was correct or in error.
8. If 20 days or more have elapsed between the date the appeal was filed and the date of the decision, a statement shall be attached giving the reason for the delay in deciding the appeal.

JAPANESE HOSPITAL REPORT: FEBRUARY, 1950

Number of Hospitals: The number of hospitals operating in Japan increased slightly from an average of 3,154 in January to 3,175 for February. The current number is 10 percent higher than the February average last year (2,885). The average number of tuberculosis sanatoria rose from 296 last month to 298 currently as compared with 292 in February 1949. There were 125 mental hospitals operating in February compared with 124 in January and 123 in February last year. The number of leprosaria (13) remained the same for all these periods. The current number of other hospitals (2,739) was only one percent higher than the average for last month (2,721), but was 11 percent greater than the number (2,457) recorded for the corresponding month last year.

Bed Capacity: For the current month the average bed capacity of all hospitals was 255,872, a slight increase over the January average (254,703) and 5 percent above the figure (243,478) for February last year. The bed capacity of sanatoria rose from a daily average of 56,973 last month to 57,552 in the current month. This was an increase of 8 percent over the daily average (53,191) recorded in the corresponding month last year. The total number of beds available for tuberculosis patients, including those in general hospital (86,084), was 2 percent greater than the January daily average (84,139) and 16 percent above that (74,176) for February last year. The average bed capacity of mental hospitals rose slightly over the previous month, from 16,041 to 16,074, and 5 percent over the corresponding month of 1949 (15,360). The total number of beds available to mental patients, including those in general hospitals also increased--there were 17,960 currently compared with 17,825 in January and 16,892 in February of last year. The bed capacity of leprosaria dropped slightly from 9,037 in January to 8,960 currently; this was 2 percent below the February average (9,169) last year. In other hospitals, the bed capacity was slightly more this month (173,286) than last month (172,652) and 5 percent greater than the average (165,758) for February 1949. Of the total beds available currently in general and other hospitals, 16 percent (28,532) were for tuberculosis patients, the same proportion as last month, compared with 13 percent in February of last year. As in past months 1 percent of those beds were available for mental patients.

In-Patient Load: The average daily in-patient load for all hospitals (176,600) increased 8 percent over the number (164,093) for last month and 25 percent above the average (141,796) for February 1949. The number of in-patients in tuberculosis sanatoria rose 4 percent from 48,517 to 50,433 and was one-third greater than the corresponding figure (37,839) last year. The total number of tuberculosis in-patients, including those in general hospitals, was 77,069, an increase of 3 percent over last month's average (74,510), and 38 percent higher than in February last year (55,896). The number of in-patients in mental hospitals in the current month (13,737) was 2 percent higher than last month (13,448) and more than 20 percent greater than in the corresponding month last year (11,341). The total number of mental in-patients, including those in general hospitals, rose 2 percent from 15,012 to 15,330 and was currently 23 percent higher than in the same month last year (12,463). There was a daily average of 8,583 in-patients in leprosaria this month as compared with 8,511 last month and 8,139 in February last year. The in-patient load in general and other hospitals increased, 11 percent from a daily average of 93,617 last month to 103,847 this month and is 23 percent higher than the average (84,477) for February 1949.

Out-Patient Load: For all hospitals the daily out-patient load this month (303,282) was 17 percent higher than in the previous month (258,208) and 8 percent above than (282,112) of the corresponding month last year. Out-patients for tuberculosis sanatoria increased 13 percent from 3,365 to 3,793, but the current average was 10 percent below the number (4,218) recorded for February 1949. The out-patient load for mental hospitals this month (442) was 9 percent above that of last month (406), but 8 percent below the February average (482) last year. For leprosaria in February there was a daily average of 20 out-patients compared with 18 last month and 14 in the corresponding period last year. The number of out-patients in general and other hospitals (299,027) rose 18 percent over last month (254,419) and was 8 percent higher than the average (277,398) for February 1949.

Bed Occupancy: The daily bed-occupancy ratio in total hospitals rose from 64.4 to 69.0 and was currently 19 percent higher than the ratio for February last year (58.2). Nearly two-thirds (29) of the prefectures reported bed-occupancy ratios within plus or minus ten percent of the national average. In 5 prefectures the occupancy ratio was more than 10 percent above the Japan figure, including Shimane where the rate (84.1) was more than 20 percent above. Yamanashi, Saitama, and Nara had ratios (51.8, 52.2, and 52.8 respectively) more than 20 percent below the national and an additional 9 prefectures recorded rates more than 10 percent below.

The current bed-occupancy ratio (87.6) for tuberculosis sanatoria was slightly higher than last month (85.2) and 23 percent greater than in February 1949 (71.1). The percent of all tuberculosis beds occupied, including both those in sanatoria and general hospitals, rose slightly from 88.6 to 89.5 and was currently nearly one-fifth greater than the ratio (75.4) for February last year. For tuberculosis sanatoria, more than half (24) of the prefectural bed-occupancy ratios were within 10 percent of the national figure, 11 were higher and 11 lower. Kagoshima and Wakayama Prefectures had ratios (110.7 and 108.0 respectively) more than 20 percent above the all Japan average, in the other extreme, Nagasaki had a ratio (60.1) more than 30 percent and Fukushima (67.6) more than 20 percent below the national.

For mental hospitals, the percent of beds occupied in February (85.5) was 2 percent higher than last month (83.8) and 16 percent greater than in the corresponding month last year (73.8). The percent of all beds occupied by mental patients, including those in general hospitals, was 85.4 currently as compared with 84.2 in the previous month and 73.8 in February 1949. Prefectural bed-occupancy ratios for mental hospitals ranged from a low of 41.5 in Nara to 171.7 in Iwate. Only 11 prefectures had ratios within plus or minus 10 percent of the national average, 19 were higher, and 14 lower. The remaining two prefectures have no mental hospitals. Four prefectures had ratios more than 40 percent above the all Japan figure, including Iwate where the ratio (171.7) was 100 percent greater. The prefectural ratios in Nara (41.5) and Nagasaki (41.9) were more than 50 percent and in Aomori (46.5) more than 40 percent below the national average.

For leprosaria, the occupancy ratio rose slightly from 94.2 to 95.8, and was 8 percent higher than February last year (88.8). For the 10 prefectures having leprosaria, ratios ranged from 64.6 in Yamanashi to 104.2 in Aomori.

The current occupancy ratio in other hospitals (59.9) was 11 percent higher than last month (54.2) and 17 percent higher than February last year (51.0). More than half (25) of the prefectural ratios fell within plus or minus 10 percent of the national 6 were higher and 15 lower. Shimane and Fukuoka Prefectures had ratios (77.1 and 73.3 respectively) more than 20 percent higher than the all Japan. Five prefectures had ratios more than 20 percent lower including Saitama where less than one-third of the beds were occupied, (32.7) more than 40 percent below the national average.

## JAPANESE HOSPITAL STRENGTH REPORT FOR FEBRUARY 1950

1/

## TOTAL HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	3,175	255,872	478,882	176,600	303,282
Hokkaido	234	15,644	38,022	11,426	26,596
Aomori	37	3,777	5,770	2,711	3,059
Iwate	52	3,979	8,923	2,989	5,934
Miyagi	70	6,637	11,625	4,975	6,650
Akita	43	3,151	6,149	2,140	4,009
Yamagata	29	2,906	5,081	1,990	3,091
Fukushima	53	3,818	7,623	2,296	5,327
Ibaraki	68	4,546	6,584	2,737	3,847
Tochigi	44	3,202	5,345	2,011	3,334
Gumma	43	3,903	5,579	3,031	2,548
Saitama	105	4,397	7,107	2,296	4,811
Chiba	86	7,426	9,088	5,568	3,520
Tokyo	268	29,133	54,864	23,070	31,794
Kanagawa	121	11,378	20,487	7,996	12,491
Niigata	74	5,807	11,225	4,301	6,924
Toyama	44	3,210	6,096	2,035	4,061
Ishikawa	63	4,170	7,472	2,814	4,658
Fukui	26	1,826	3,049	1,175	1,874
Yamanashi	24	1,254	1,788	649	1,139
Nagano	72	5,314	7,702	3,177	4,525
Gifu	52	3,090	6,102	2,195	3,907
Shizuoka	64	6,505	11,361	4,559	6,802
Aichi	141	10,107	20,133	6,281	13,852
Mie	65	4,550	8,044	2,637	5,407
Shiga	28	1,678	3,483	1,261	2,222
Kyoto	81	8,823	13,245	5,296	7,949
Osaka	148	17,685	28,564	10,417	18,147
Hyogo	128	9,182	19,391	6,506	12,885
Nara	19	1,106	2,027	584	1,443
Wakayama	27	1,670	3,315	941	2,374
Tottori	18	1,672	2,573	1,124	1,449
Shimane	21	1,797	3,141	1,511	1,630
Okayama	64	6,402	9,374	4,844	4,530
Hiroshima	89	6,614	12,585	3,999	8,586
Yamaguchi	73	4,968	9,541	3,091	6,450
Tokushima	27	2,043	2,804	1,427	1,377
Kagawa	37	2,840	4,184	1,801	2,383
Ehime	44	3,054	5,558	1,794	3,764
Kochi	39	1,800	3,254	1,250	2,004
Fukuoka	139	12,660	41,943	9,843	32,100
Saga	56	3,200	6,773	2,230	4,543
Nagasaki	66	4,648	10,731	3,121	7,610
Kumamoto	70	5,366	10,343	3,910	6,433
Oita	34	2,924	3,816	1,978	1,838
Miyazaki	37	1,833	3,005	1,186	1,819
Kagoshima	52	4,174	5,013	3,427	1,586

1/ All hospitals of 20 beds or more, including mental hospitals, leprosaria and sanatoria.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare

## JAPANESE HOSPITAL STRENGTH REPORT FOR FEBRUARY 1950

1/  
TUBERCULOSIS SANATORIA

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment Visits
All Japan	298	57,552	54,226	50,433	3,793
Hokkaido	15	2,853	2,753	2,591	162
Aomori	3	730	703	658	45
Iwate	3	645	705	615	90
Miyagi	4	1,350	1,471	1,290	181
Akita	4	748	636	580	56
Yamagata	3	291	307	278	29
Fukushima	3	876	641	592	49
Ibaraki	8	1,719	1,341	1,296	45
Tochigi	4	734	758	698	60
Gumma	7	595	636	556	80
Saitama	5	1,055	1,191	953	238
Chiba	14	3,080	2,984	2,823	161
Tokyo	30	6,215	6,743	6,396	347
Kanagawa	13	3,022	2,741	2,568	173
Niigata	10	1,419	1,394	1,334	60
Toyama	2	1,070	818	776	42
Ishikawa	6	908	785	753	32
Fukui	2	620	515	488	27
Yamanashi	1	140	140	138	2
Nagano	9	1,702	1,462	1,408	54
Gifu	6	930	896	849	47
Shizuoka	4	1,107	952	903	49
Aichi	10	2,887	2,287	2,093	194
Mie	4	796	720	673	47
Shiga	5	429	450	436	14
Kyoto	7	1,684	1,424	1,324	100
Osaka	12	4,282	3,325	3,091	234
Hyogo	21	2,429	2,617	2,151	466
Nara	2	180	150	143	7
Wakayama	2	138	153	149	4
Tottori	1	63	47	46	1
Shimane	1	490	507	489	18
Okayama	4	994	838	816	22
Hiroshima	9	1,992	1,627	1,492	135
Yamaguchi	6	739	784	717	67
Tokushima	2	780	814	770	44
Kagawa	2	190	197	194	3
Ehime	3	826	812	792	20
Kochi	2	151	171	152	19
Fukuoka	23	2,886	2,814	2,691	123
Saga	3	740	770	706	64
Nagasaki	5	306	230	184	46
Kumamoto	4	1,162	1,187	1,113	74
Oita	5	462	423	414	9
Miyazaki	1	56	64	57	7
Kagoshima	8	1,081	1,243	1,197	46

1/ Tuberculosis sanatoria of 20 beds or more.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospitals, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

## JAPANESE HOSPITAL STRENGTH REPORT FOR FEBRUARY 1950

1/  
MENTAL HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment Visits
All Japan	125	16,074	14,179	13,737	442
Hokkaido	6	473	462	432	30
Aomori	1	86	40	40	-
Iwate	1	60	103	103	-
Miyagi	2	236	216	216	0
Akita	1	121	107	102	5
Yamagata	1	125	138	128	10
Fukushima	2	133	165	162	3
Ibaraki	2	112	103	103	0
Tochigi	4	271	224	202	22
Gumma	1	300	383	370	13
Saitama	4	439	408	394	14
Chiba	4	511	421	392	29
Tokyo	12	3,272	3,316	3,246	70
Kanagawa	6	824	652	642	10
Niigata	1	190	206	205	1
Toyama	2	131	142	136	6
Ishikawa	3	256	213	208	5
Fukui	1	105	137	114	23
Yamanashi	1	52	71	67	4
Nagano	2	230	201	201	0
Gifu	1	275	245	240	5
Shizuoka	3	314	324	306	18
Aichi	7	703	480	468	12
Mie	1	150	118	115	3
Shiga	1	150	144	144	0
Kyoto	5	539	380	365	15
Osaka	6	1,766	1,319	1,296	23
Hyogo	6	1,161	777	765	12
Nara	2	118	52	49	3
Wakayama	-	-	-	-	-
Tottori	1	75	91	86	5
Shimane	1	38	45	44	1
Okayama	1	196	217	217	-
Hiroshima	6	339	333	322	11
Yamaguchi	2	98	110	98	12
Tokushima	1	154	160	153	7
Kagawa	1	90	55	52	3
Ehime	1	180	185	180	5
Kochi	2	174	152	144	8
Fukuoka	6	608	448	434	14
Saga	3	344	361	343	18
Nagasaki	2	105	46	44	2
Kumamoto	2	162	151	151	-
Oita	3	126	80	69	11
Miyazaki	-	-	-	-	-
Kagoshima	4	282	198	189	9

1/ Mental hospitals of 20 beds or more.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare

## JAPANESE HOSPITAL STRENGTH REPORT FOR FEBRUARY 1950

1/  
LEPROSARIA

Area	<u>2/</u> Number of Hospitals	<u>2/</u> Bed Capacity	<u>3/</u> Total Patients	<u>4/</u> In-Patients	<u>5/</u> Out-Patient treatment visits
All Japan	13	8,960	8,603	8,583	20
Hokkaido	-	-	-	-	-
Aomori	1	600	625	625	-
Iwate	-	-	-	-	-
Miyagi	1	550	509	509	-
Akita	-	-	-	-	-
Yamagata	-	-	-	-	-
Fukushima	-	-	-	-	-
Ibaraki	-	-	-	-	-
Tochigi	-	-	-	-	-
Gumma	1	1,125	1,014	1,014	-
Saitama	-	-	-	-	-
Chiba	-	-	-	-	-
Tokyo	1	1,200	1,122	1,122	-
Kanagawa	-	-	-	-	-
Niigata	-	-	-	-	-
Toyama	-	-	-	-	-
Ishikawa	-	-	-	-	-
Fukui	-	-	-	-	-
Yamanashi	1	65	42	42	-
Nagano	-	-	-	-	-
Gifu	-	-	-	-	-
Shizuoka	2	305	314	300	14
Aichi	-	-	-	-	-
Mie	-	-	-	-	-
Shiga	-	-	-	-	-
Kyoto	-	-	-	-	-
Osaka	-	-	-	-	-
Hyogo	-	-	-	-	-
Nara	-	-	-	-	-
Wakayama	-	-	-	-	-
Tottori	-	-	-	-	-
Shimane	-	-	-	-	-
Okayama	2	2,350	2,254	2,254	-
Hiroshima	-	-	-	-	-
Yamaguchi	-	-	-	-	-
Tokushima	-	-	-	-	-
Kagawa	1	645	652	646	6
Ehime	-	-	-	-	-
Kochi	-	-	-	-	-
Fukuoka	-	-	-	-	-
Saga	-	-	-	-	-
Nagasaki	-	-	-	-	-
Kumamoto	2	1,220	1,135	1,135	-
Oita	-	-	-	-	-
Miyazaki	-	-	-	-	-
Kagoshima	1	900	936	936	-

1/ Leprosaria of 20 beds or more.2/ Average of count made on the first and last day of each month.3/ Sum of average number of in-patients and out-patient treatment visits.4/ Average of daily count.5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

## JAPANESE HOSPITAL STRENGTH REPORT FOR FEBRUARY 1950

1/

## OTHER HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/Out-Patient treatment visits
All Japan	2,739	173,286	402,874	103,847	299,027
Hokkaido	213	12,318	34,806	8,403	26,403
Aomori	32	2,361	4,402	1,388	3,014
Iwate	48	3,274	8,215	2,271	5,844
Miyagi	63	4,501	9,428	2,960	6,468
Akita	38	2,282	5,407	1,459	3,948
Yamagata	25	2,490	4,635	1,583	3,052
Fukushima	48	2,809	6,817	1,542	5,275
Ibaraki	58	2,715	5,138	1,337	3,801
Tochigi	36	2,197	4,362	1,110	3,252
Gumma	34	1,883	3,546	1,091	2,455
Saitama	96	2,903	5,508	949	4,559
Chiba	67	3,835	5,684	2,353	3,331
Tokyo	225	18,446	43,683	12,306	31,377
Kanagawa	102	7,532	17,093	4,785	12,308
Niigata	63	4,198	9,625	2,762	6,863
Toyama	40	2,009	5,136	1,124	4,012
Ishikawa	54	3,006	6,473	1,853	4,620
Fukui	23	1,101	2,397	573	1,824
Yamanashi	21	996	1,536	402	1,134
Nagano	61	3,382	6,039	1,568	4,471
Gifu	45	1,884	4,961	1,106	3,855
Shizuoka	55	4,779	9,771	3,050	6,721
Aichi	124	6,517	17,365	3,719	13,646
Mie	60	3,604	7,206	1,849	5,357
Shiga	22	1,099	2,889	681	2,208
Kyoto	69	6,600	11,441	3,607	7,834
Osaka	131	11,637	23,921	6,031	17,890
Hyogo	101	5,595	15,999	3,591	12,408
Nara	15	808	1,825	392	1,433
Wakayama	25	1,532	3,162	792	2,370
Tottori	16	1,534	2,436	993	1,443
Shimane	19	1,269	2,589	978	1,611
Okayama	57	2,862	6,065	1,557	4,508
Hiroshima	74	4,284	10,625	2,185	8,440
Yamaguchi	65	4,131	8,648	2,277	6,371
Tokushima	24	1,109	1,831	504	1,327
Kagawa	33	1,914	3,280	909	2,371
Ehime	40	2,048	4,561	822	3,739
Kochi	35	1,475	2,931	954	1,977
Fukuoka	110	9,166	38,681	6,718	31,963
Saga	50	2,117	5,642	1,181	4,461
Nagasaki	59	4,237	10,456	2,893	7,563
Kumamoto	62	2,822	7,870	1,511	6,359
Oita	26	2,336	3,313	1,495	1,818
Miyazaki	36	1,778	2,941	1,129	1,812
Kagoshima	39	1,911	2,635	1,104	1,531

1/ Hospitals of 20 beds or more, excluding mental hospitals, leprosaria and sanatoria.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

## JAPANESE HOSPITAL REPORT FOR MARCH, 1950

Number of Hospitals: The number of hospitals operating in Japan increased slightly from an average of 3,175 in February to 3,197 in March. The current number is 10 percent higher than the March average last year (2,905). The average number of tuberculosis sanatoria rose from 298 last month to 300 currently as compared with 293 in March 1949. There were 127 mental hospitals operating in March compared with 125 in February and 123 in March of last year. The number of leprosaria (13) remained the same for all three periods. The current number of other hospitals (2,757) was slightly higher than the average for last month (2,739) and 11 percent above the number (2,476) recorded for the corresponding month of last year.

Bed Capacity: For the current month the average bed capacity of all hospitals was 257,411, a slight increase over the February average (255,872), and 5 percent above the figure (244,767) for March of last year. The bed capacity of sanatoria rose from a daily average of 57,552 last month to 58,433 in the current month. This was an increase of 10 percent over the daily average (53,261) recorded in the corresponding month last year. The total number of beds available for tuberculosis patients including those in general hospitals (87,655) was 2 percent greater than the February daily average (86,084) and 18 percent above that (74,329) for March of last year. The average bed capacity of mental hospitals rose 2 percent over the previous month, from 16,074 to 16,336, and 7 percent over the corresponding month of 1949 (15,270). The total number of beds available to mental patients including those in general hospitals, also increased by 2 percent, from 17,960 in February to 18,235 in March, and 8 percent more than in March 1949 (16,808). The bed capacity of leprosaria dropped slightly from 8,960 in February to 8,896 currently. The present daily average is 3 percent below the corresponding figure for 1949 (9,144). In other hospitals, the bed capacity was slightly more this month (173,756) than last month (173,286) and 4 percent greater than the average (167,092) for March 1949. Of the total beds available currently in general and other hospitals, 17 percent (29,222) were for tuberculosis patients, a higher proportion than for last month (16 percent) or March of last year (13 percent). As in past months 1 percent of the beds in other hospitals (1,899) were for mental patients.

In-Patient Load: The average daily in-patient load for all hospitals (180,228) increased 2 percent above the number (176,600) for last month 25 percent above the average (144,187) for March 1949. The number of in-patients in tuberculosis sanatoria rose 2 percent from 50,433 to 51,220, and was one-third greater than the corresponding figure (38,514) last year. The total number of tuberculosis, inpatients, including those in general hospitals was 78,704, an increase of 2 percent over last month (77,069) and 37 percent higher than in March last year (57,596). The current number of in-patients in mental hospitals (13,969) was 2 percent greater than last month (13,737) and 22 percent greater than in the corresponding month last year (11,445). The total number of mental in-patients, including those in general hospitals, rose 2 percent from 15,330 to 15,573, and was currently 23 percent higher than in the same month of last year (12,682). For leprosarias there was a daily average of 8,496 in-patients slightly less than in the preceding month (8,583) but 8 percent more than in March 1949 (7,832). The in-patient load in general and other hospitals increased 3 percent from a daily average of 103,847 last month to 106,543 this month, and was 23 percent higher than the average (86,396) for March 1949.

Out-Patient Load: For all hospitals the daily out-patient load (310,327) was 2 percent higher than in the previous month (303,282) and 7 percent above that (291,368) of the corresponding month last year. Out-patients for tuberculosis sanatoria increased 14 percent from 3,793 to 4,342, the current figure being slightly higher than in March of last year (4,290). The out-patient load for mental hospitals this month (446) was slightly higher than that of last month (442) but 8 percent below the average for March of last year (486). For leprosaria in March there was a daily average of 22 out-patients compared with 20 last month and 15 in the corresponding period of last year. The number of out-patients in general and other hospitals (305,517) rose 2 percent over last month (299,027) and was 7 percent higher than the average (286,577) for March 1949.

Bed Occupancy: The daily bed-occupancy ratio in total hospitals rose from 69.0 to 70.0 and was currently nearly 20 percent higher than the ratio for March of last year (58.9). The majority (28) of the prefectures reported bed-occupancy ratios within plus or minus 10 percent of the national average. In 7 prefectures the occupancy ratio was more than 10 percent above the national figure, including Shimane where the ratio (85.3) was more than 20 percent above. Three prefectures (Nagasaki, Nara, and Saitama) had ratios (54.3, 54.7, and 55.9 respectively) more than 20 percent below the national, and an additional 8 prefectures recorded rates more than 10 percent below.

The current bed-occupancy ratio (87.7) for tuberculosis sanatoria was approximately the same as for last month (87.6) but was more than 20 percent above the ratio (72.3) in March 1949. The percent of all tuberculosis beds occupied, including both those in sanatoria and general hospitals, rose slightly from 89.5 to 89.8, and was currently more than 15 percent above the ratio (77.5) for March of last year. For tuberculosis sanatoria, 27 prefectures bed occupancy ratios within 10 percent of the national figure, 12 were higher and 7 lower. Kagoshima has a ratio (117.3) more than 30 percent and Wakayama over (105.1) 20 percent above the average for all Japan, and at the other extreme, ratios in Aichi and Fukushima (66.2 and 67.7 respectively) was more than 20 percent below.

For mental hospitals the bed occupancy ratio was the same in March (85.5) as in February. The current ratio was 14 percent higher than in the corresponding month of last year (75.0). The percent of all beds occupied by mental patients was also the same in March (85.4) as in February and was 13 percent higher than in March of last year (75.5). Prefectural bed occupancy ratios for mental hospitals ranged from a low of 40.8 in Nagasaki to 186.7 in Iwate. Only 9 prefectures had ratios within plus or minus 10 percent of the national average, 22 were higher and 13 lower. The remaining two prefectures have no mental hospitals. The ratio in Iwate (186.7) was more than double the national, and that in Yamanashi (153.8) 80 percent above. The ratio in Nagasaki (40.8) was less than half the national while ratios in Aomori (45.3) and Mie (47.6) were more than 40 percent below.

For leprosaria the current occupancy ratio (95.6) was about the same as for last month (95.8) but was 12 percent higher than in March of last year (85.7). For the 10 prefectures having leprosaria, ratios ranged from 63.1 in Yamanashi to 108.2 in Shizuoka.

The current occupancy ratio in other hospitals (61.3) was 2 percent higher than last month (59.9) and 19 percent higher than March of last year (51.7). Ratios for 19 prefectures were within 10 percent of the national average, for 17 they were lower and for 10 higher. The ratio in Shimane Prefecture (79.5) was 30 percent above the national average, while ratios in Saitama (38.3) and Nara (41.1) were more than 30 percent below.

JAPANESE HOSPITAL STRENGTH REPORT FOR MARCH 1950  
 1/  
 LEPROSARIA

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patient	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	13	8,886	8,518	8,496	22
Hokkaido	-	-	-	-	-
Aomori	1	600	596	596	-
Iwate	-	-	-	-	-
Miyagi	1	550	508	508	-
Akita	-	-	-	-	-
Yamagata	-	-	-	-	-
Fukushima	-	-	-	-	-
Ibaraki	-	-	-	-	-
Tochigi	-	-	-	-	-
Gumma	1	1,050	1,011	1,011	-
Saitama	-	-	-	-	-
Chiba	-	-	-	-	-
Tokyo	1	1,200	1,134	1,134	-
Kanagawa	-	-	-	-	-
Niigata	-	-	-	-	-
Toyama	-	-	-	-	-
Ishikawa	-	-	-	-	-
Fukui	-	-	-	-	-
Yamanashi	1	65	41	41	-
Nagano	-	-	-	-	-
Gifu	-	-	-	-	-
Shizuoka	2	305	346	330	16
Aichi	-	-	-	-	-
Mie	-	-	-	-	-
Shiga	-	-	-	-	-
Kyoto	-	-	-	-	-
Osaka	-	-	-	-	-
Hyoto	-	-	-	-	-
Nara	-	-	-	-	-
Wakayama	-	-	-	-	-
Tottori	-	-	-	-	-
Shimane	-	-	-	-	-
Okayama	2	2,350	2,266	2,266	-
Hiroshima	-	-	-	-	-
Yamaguchi	-	-	-	-	-
Tokushima	-	-	-	-	-
Kagawa	1	646	607	601	6
Ehime	-	-	-	-	-
Kochi	-	-	-	-	-
Fukuoka	-	-	-	-	-
Saga	-	-	-	-	-
Nagasaki	-	-	-	-	-
Kumamoto	2	1,220	1,134	1,134	-
Oita	-	-	-	-	-
Miyazaki	-	-	-	-	-
Kagoshima	1	900	875	875	-

1/ Leprosaria of 20 beds or more.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

JAPANESE HOSPITAL STRENGTH REPORT FOR MARCH 1950

1/ OTHER HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-patient treatment visits
All Japan	2,757	173,756	412,060	106,543	305,517
Hokkaido	213	12,390	35,755	8,729	27,026
Aomori	31	2,336	5,005	1,497	3,508
Iwate	50	3,354	8,945	2,409	6,536
Miyagi	64	4,562	9,808	3,223	6,585
Akita	38	2,286	5,905	1,573	4,332
Yamagata	25	2,523	4,996	1,848	3,148
Fukushima	48	2,810	7,339	1,724	5,615
Ibaraki	60	2,736	5,357	1,389	3,968
Tochigi	36	2,194	5,322	1,198	4,124
Gumma	33	1,862	3,507	1,054	2,453
Saitama	97	2,927	6,029	1,122	4,907
Chiba	68	3,860	6,115	2,324	3,731
Tokyo	227	18,642	47,148	13,101	34,047
Kanagawa	100	7,531	14,434	3,986	10,448
Niigata	64	4,206	9,732	2,855	6,877
Toyama	40	2,050	5,521	1,167	4,354
Ishikawa	54	3,024	6,912	1,908	5,004
Fukui	23	1,103	2,786	637	2,149
Yamanashi	21	996	1,609	532	1,077
Nagano	62	3,364	6,471	1,780	4,691
Gifu	46	1,918	5,442	1,190	4,232
Shizuoka	56	4,740	9,105	2,456	6,649
Aichi	126	6,702	17,694	3,877	13,817
Mie	59	3,600	7,039	1,858	5,181
Shiga	22	1,098	2,875	691	2,184
Kyoto	71	6,686	11,494	3,625	7,869
Osaka	133	11,670	26,381	7,285	19,096
Hyogo	103	5,655	17,064	3,726	13,338
Nara	16	799	1,803	328	1,475
Wakayama	25	1,522	3,265	830	2,435
Tottori	16	1,535	2,708	1,083	1,625
Shimane	19	1,259	2,678	1,001	1,677
Okayama	57	2,882	6,286	1,673	4,613
Hiroshima	74	4,300	10,433	2,480	7,953
Yanaguchi	66	3,951	8,518	2,188	6,330
Tokushima	24	1,109	1,988	496	1,492
Kagawa	33	1,917	3,292	941	2,351
Ehime	40	2,046	4,795	947	3,848
Kochi	35	1,475	2,824	915	1,909
Fukuoka	110	9,152	36,594	6,472	30,122
Saga	50	2,124	5,364	1,199	4,165
Nagasaki	59	4,243	10,912	2,238	8,674
Kumamoto	63	2,834	6,322	1,543	3,779
Oita	26	2,327	3,180	1,516	1,664
Miyazaki	36	1,770	3,128	1,131	1,997
Kagoshima	38	1,686	2,200	738	1,462

1/ Hospitals of 20 bed or more, excluding mental hospitals, leprosaria and sanatoria.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

JAPANESE HOSPITAL STRENGTH REPORT FOR MARCH 1950  
 1/  
 TUBERCULOSIS SANATORIA

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/Out-Patient treatment visits
All Japan	300	58,433	55,562	51,220	4,342
Hokkaido	15	2,878	2,680	2,479	201
Aomori	3	730	696	647	49
Iwate	3	610	652	615	37
Miyagi	4	1,350	1,507	1,299	208
Akita	4	719	647	581	66
Yamagata	3	300	313	284	29
Fukushima	3	876	627	593	34
Ibaraki	8	1,742	1,358	1,309	49
Tochigi	4	773	781	714	67
Gumma	7	586	662	567	95
Saitama	5	1,092	1,231	961	270
Chiba	14	3,133	2,988	2,794	194
Tokyo	30	6,231	6,916	6,512	404
Kanagawa	14	3,257	2,783	2,586	197
Niigata	10	1,452	1,435	1,363	72
Toyama	2	1,070	826	782	44
Ishikawa	6	898	790	754	36
Fukui	2	620	544	510	34
Yamanashi	1	140	141	140	1
Nagano	9	1,702	1,491	1,425	66
Gifu	6	928	898	858	40
Shizuoka	4	1,107	946	904	42
Aichi	10	2,904	2,149	1,922	227
Mie	4	796	725	691	34
Shiga	5	429	439	424	15
Kyoto	7	1,698	1,452	1,350	102
Osaka	12	4,156	3,448	3,191	257
Hyogo	21	2,495	2,837	2,180	657
Nara	2	180	149	142	7
Wakayama	2	138	149	145	4
Tottori	1	64	51	47	4
Shimane	1	490	504	483	21
Okayama	4	994	846	823	23
Hiroshima	9	1,988	1,624	1,500	124
Yamaguchi	7	922	909	854	55
Tokushima	2	782	803	761	42
Kagawa	2	201	200	197	3
Ehime	3	826	823	802	21
Kochi	2	176	174	161	13
Fukuoka	23	2,922	2,919	2,757	162
Saga	3	744	768	714	54
Nagasaki	5	306	311	248	63
Kumamoto	4	1,182	1,200	1,123	77
Oita	5	465	429	419	10
Miyazaki	1	60	64	60	4
Kagoshima	8	1,321	1,677	1,549	128

1/ Tuberculosis sanatoria of 20 beds or more.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

## JAPANESE HOSPITAL STRENGTH REPORT FOR MARCH 1950

## 1/ TOTAL HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	3,197	257,411	490,555	180,228	310,327
Hokkaido	234	15,760	38,953	11,695	27,258
Aomori	36	3,752	6,337	2,780	3,557
Iwate	54	4,024	9,709	3,136	6,573
Miyagi	71	6,698	12,052	5,259	6,793
Akita	43	3,126	6,667	2,264	4,403
Yamagata	29	2,948	5,433	2,252	3,181
Fukushima	53	3,820	8,121	2,471	5,650
Ibaraki	70	4,589	6,824	2,806	4,018
Tochigi	44	3,238	6,326	2,112	4,214
Gumma	42	3,798	5,567	3,003	2,564
Saitama	106	4,458	7,679	2,490	5,189
Chiba	86	7,544	9,536	5,586	3,950
Tokyo	270	29,395	58,347	23,817	34,530
Kanagawa	120	11,612	17,881	7,224	10,657
Niigata	75	5,849	11,435	4,485	6,950
Toyama	44	3,253	6,502	2,095	4,407
Ishikawa	63	4,178	7,916	2,870	5,046
Fukui	26	1,828	3,458	1,255	2,203
Yamanashi	24	1,252	1,875	793	1,082
Nagano	73	5,296	8,159	3,402	4,757
Gifu	53	3,121	6,555	2,280	4,275
Shizuoka	65	6,466	10,719	3,992	6,727
Aichi	143	10,309	20,310	6,257	14,053
Mie	65	4,642	7,885	2,667	5,218
Shiga	28	1,686	3,462	1,263	2,199
Kyoto	83	8,924	13,319	5,336	7,983
Osaka	151	17,593	31,197	11,821	19,376
Hyogo	130	9,311	20,697	6,692	14,005
Nara	19	1,107	2,090	605	1,485
Wakayama	27	1,661	3,414	975	2,439
Tottori	18	1,674	2,847	1,214	1,633
Shimane	21	1,787	3,222	1,524	1,698
Okayama	64	6,422	9,625	4,988	4,637
Hirosshima	89	6,628	12,402	4,315	8,087
Yamaguchi	75	4,970	9,538	3,140	6,398
Tottoshima	27	2,045	2,967	1,424	1,543
Agawa	37	2,854	4,159	1,795	2,364
Ehime	44	3,052	5,804	1,929	3,875
Kochi	39	1,824	3,159	1,231	1,928
Fukuoka	138	12,682	39,953	9,645	30,308
Saga	57	3,222	6,534	2,297	4,237
Nagasaki	67	4,668	11,272	2,534	8,738
Kumamoto	70	5,398	8,807	3,951	4,856
Oita	34	2,918	3,695	2,009	1,686
Miyazaki	37	1,830	3,192	1,191	2,001
Kagoshima	53	4,199	4,954	3,358	1,596

1/ All hospitals of 20 beds or more, including mental hospitals, leprosaria and sanatoria.

2/ Average of count made on the first and last day of each month.

3/ Sum of average number of in-patients and out-patient treatment visits.

4/ Average of daily count.

5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

## JAPANESE HOSPITAL STRENGTH REPORT FOR MARCH 1950

1/  
MENTAL HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	127	16,336	14,415	13,969	446
Hokkaido	6	492	518	487	31
Aomori	1	86	39	39	-
Iwate	1	60	112	112	-
Miyagi	2	236	230	230	0
Akita	1	121	116	110	6
Yamagata	1	125	124	120	4
Fukushima	2	133	155	154	1
Ibaraki	2	112	107	107	0
Tochigi	4	271	224	201	23
Gumma	1	200	286	370	16
Saitama	4	439	420	407	13
Chiba	4	551	433	408	25
Tokyo	12	3,324	3,150	3,071	79
Kanagawa	6	824	664	652	12
Niigata	1	190	270	268	2
Toyama	2	133	155	146	9
Ishikawa	3	256	213	208	5
Fukui	1	105	128	108	20
Yamanashi	1	52	84	80	4
Nagano	2	230	197	197	0
Gifu	1	275	236	232	4
Shizuoka	3	314	322	302	20
Aichi	7	703	467	458	9
Mie	2	246	120	117	3
Shiga	1	158	149	149	0
Kyoto	5	539	373	361	12
Osaka	6	1,766	1,367	1,344	23
Hyogo	6	1,161	797	787	10
Nara	1	128	138	135	3
Wakayama	-	-	-	-	-
Tottori	1	75	88	84	4
Shimane	1	38	41	40	1
Okayama	1	196	225	225	-
Hiroshima	6	339	345	334	11
Yamaguchi	2	98	110	98	12
Tokushima	1	154	176	167	9
Kagawa	1	90	59	56	3
Ehime	1	180	185	180	5
Kochi	2	174	160	154	6
Fukuoka	6	608	441	416	25
Saga	3	354	401	384	17
Nagasaki	3	120	50	49	1
Kumamoto	2	162	152	152	-
Oita	3	126	86	74	12
Miyazaki	-	-	-	-	-
Kagoshima	5	292	202	196	6

1/ Mental hospitals of 20 beds or more.2/ Average of count made on the first and last day of each month.3/ Sum of average number of in-patients and out-patient treatment visits.4/ Average of daily count.5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

DIGEST OF MONTHLY REPORT OF COMMUNICABLE DISEASES IN JAPAN  
FOR THE FOUR WEEK PERIOD ENDED 25 MARCH 1950

During the four weeks ended 25 March 1950 the twelve <sup>1/</sup>acute communicable diseases included in this digest, for which reports on deaths as well as cases are available, accounted for 2,395 cases and 295 deaths. The number of cases was 16 percent below the February total (2,841), and the number of deaths was also lower than in February (310). The 19 additional diseases (not including the 4 venereal diseases) reported herein accounted for 82,097 cases or 5 percent less than last month's total (86,161). Rates <sup>2/</sup>for five diseases (diphtheria, typhoid, scarlet fever, rabies and infectious diarrhea) were lower this month than in either last month or March 1949. Rates were higher currently than in either of the two other periods for dysentery, pneumonia, poliomyelitis and leprosy. No cases of Japanese "B" encephalitis, cholera, plague, yellow fever, anthrax, glanders, or dengue fever were reported during any of the three periods. Data for 1949 are not available for tsutsugamushi disease (for which no cases were reported in either February or March 1950), schistosomiasis, and filariasis. Current rates for the remaining 12 diseases fell between rates reported for last month and March 1949.

The diphtheria case rate this month (18.1) was 12 percent below the January rate (20.6) although the death rate increased slightly from 2.1 to 2.2. The current case rate was the lowest <sup>3/</sup>recorded for March since monthly rates first became available in 1900. It was about one-fourth below the rate for March of last year (23.7) and nearly one-third below that for the same month of 1948 (25.9). Over half (24) of the prefectures reported decreases from last month, 21 reported increases, and the remaining one reported the same rate both months. Over two-thirds (32) of the prefectures reported rates within 50 percent of the national average, 7 were higher and 7 lower. Four of the prefectures with high rates were on Kyushu (Nagasaki, Miyazaki, Saga, and Oita), but the highest rate was reported from Iwate (44.0) in northern Honshu. The lowest rate was reported from Yamanashi (4.8) a little more than one-fourth of the national average, while the rate in Chiba (5.4) was less than one-third the national average.

Of the 406 cases of dysentery this month, 94 percent (380) were designated as bacillary dysentery and the remainder as amebic dysentery. All deaths were from the former. The current case rate for all dysentery (6.5) was 16 percent above the February rate (5.6), and the death rate (1.5) was also higher than in February (1.4). The March case rate was the highest March rate since 1945. It was 86 percent above the rate (3.5) for March of last year and 35 percent above that (4.8) for the same month of 1948. Rates increased over last month in 19 prefectures and decreased in 16. Of the 11 remaining prefectures which did not change, 5 have reported no cases for two or more months. The most marked increase in rates this month occurred in Iwate Prefecture, from 2.0 in February to 28.0 currently. The most nearly comparable decrease was in Ishikawa, from 24.7 to 9.6. The rate in Iwate was over four times as high as the national average, while rates in Saitama (24.9) and Niigata (22.8) were over three times as high. At the other extreme, there were 27 prefectures (including 10 with no cases) where rates were less than half the national average.

The current typhoid fever case rate (3.3) was 6 percent less than in February (3.5) while the death rate (0.5) was the same both months. The current case rate was the lowest <sup>3/</sup>ever recorded for March. It was 17 percent below the March rate last year (4.0) and 43 percent below the rate (5.8) for the same month of 1948. Rates decreased from last month in 20 prefectures, increased in 16, and did not change in 7. The three remaining prefectures (Yamanashi, Kagawa, and Kagoshima) have reported no cases for two or more months. Eight prefectures reported no cases this month and an additional 11 reported rates less than half as high as the national average. At the other extreme, the rate in Mie Prefecture was three and a half times as high as the national, and rates in four other prefectures were over twice as high.

The case rate for paratyphoid fever (1.0) and the death rate (less than 0.1) were the same in March as in February. The case rate was the lowest <sup>3/</sup>ever recorded for March. It was one-third below the rate (1.5) for March of last year and slightly more than half the corresponding 1948 rate (1.8). Rates did not change from last month in 21 prefectures, of which 15 reported no cases either month. There were 16

prefectures reporting increases and 9 decreases. There were 21 prefectures reporting no cases this month. Highest rates were reported by Miyagi (5.7), which was second highest last month, and Hiroshima (4.4).

One smallpox case was reported in March, the same number as in February. There have been no deaths so far this year. In March of last year there were 12 cases, and in 1948 there was one. The rate for March 1949 was 0.2, while all other rates were less than 0.1. The current case was in Kanagawa Prefecture.

The typhus fever case rate decreased 64 percent, from 7.7 in February to 2.8 currently, and the death rate from 0.4 to 0.2. Rates in March 1949 and 1948 were 0.1 and 0.6 respectively. Nearly half (83) of the current cases were in Kanagawa Prefecture where the rate was 46.3, while rates in Gunma and Tokyo-to were 16.9 and 11.2 respectively. Rates in 5 other prefectures in the Kanto area ranged from 0.5 to 3.8, and 7 other scattered prefectures on Honshu reported rates ranging from 0.4 to 4.1.

The case rate (0.8) and death rate (0.1) for malaria were the same this month and last month. The present case rate was approximately one-half the rate (1.7) in the same month of last year and about one-fifth of the corresponding 1948 rate (3.8). Rates increased in 18 prefectures, decreased in 16, and did not change in 5. The remaining 7 prefectures have reported no cases for 2 or more months. Prefectural case rates ranged from zero in 17 instances to 2.8 in Saga.

The scarlet fever case rate decreased 12 percent, from 5.1 last month to 4.5 currently. The death rate was less than 0.1 both months. The current case rate was 12 percent below the rate (5.1) for March of last year but 67 percent above the corresponding 1948 rate (2.7). Half (23) of the prefectures reported lower current rates than in February, 16 reported higher ones, and 2 the same rate both months. No cases have been reported for two or more months in the 5 remaining prefectures. The most marked change was an increase in Fukui Prefecture from 1.8 last month to 61.7 currently. Rates in the remainder of Japan ranged from zero in 13 prefectures to 12.4 in Tokyo-to.

The case rate for epidemic meningitis rose slightly from 1.5 in February to 1.6 in March, while the death rate decreased from 0.4 to 0.3. The present case rate was nearly 40 percent below that for March of last year (2.6) and over 60 percent below the corresponding 1948 rate (4.2). Rates increased over last month in 18 prefectures and decreased in 12. For the 16 prefectures reporting no change, half (8) have reported no cases for two or more months.

The case rate for measles this month (94.1) was more than 40 percent higher than last month (66.2). It was more than 60 percent lower than in March of last year (260.7) and 6 percent below March 1948 (99.7). About two-thirds (31) of the prefectures reported increases over last month, 12 reported decreases, and the remaining 3 no change. As was true last month, the most marked increases occurred on the island of Shikoku. The rate in Tokushima increased from 229.1 to 464.1 in Kagawa from 402.8 to 592.5, and in Ehime from 148.4 to 271.5. The only comparable increases for the rest of Japan were in Saitama (from 317.8 to 502.1) and Aichi (170.3 to 295.8). High rates were also reported for Gunma (293.3) and Kochi (261.2). For the remaining 39 prefectures rates ranged from 0.9 to 180.0.

The current whooping cough rate (154.8) was nearly 20 percent lower than last month's rate (190.2). It was nearly 75 percent higher than in March of last year (89.1) and three and a half times the corresponding 1948 rate (44.1). There were decreases from February in 34 prefectures and increases in 12. Major decreases occurred in Hiroshima (from 283.1 to 150.4), Toyama (607.5 to 479.2) and Ibaraki (361.7 to 252.3). The current rate in Toyama (479.2) was still more than three times as high as the national average, while the rate in Saitama (347.5) was well over twice, and in Wakayama (296.9) nearly twice as high. Seven prefectures had rates less than half as high as the national average.

Of the 31,726 cases of tuberculosis reported this month, 27,080 (85 percent) were respiratory tuberculosis. The rate for all tuberculosis this month (511.4) was

slightly higher than last month (506.0). It was 3 percent below the rate for March of last year (529.2) but 15 percent higher than that (445.1) for the same month of 1948. Over half (26) of the prefectures reported higher rates in March, and 20 reported lower. All but six prefectures reported rates within 50 percent of the national average. Hokkaido (934.1), Tokyo-to (853.2), and Toyama (847.1) were above this range, and Tochigi (171.8), Tokushima (211.2), and Ibaraki (254.9) were below it.

The March case rate for pneumonia (326.4) was slightly higher than the February rate (321.7). It was 23 percent higher than the rate (266.4) in March of last year and 13 percent above the corresponding 1948 rate (289.8). Prefectures were equally divided between those with increases and with decreases. However, all of the most marked changes were increases. Rates in Fukushima, Miyagi, Yamanashi, and Ishikawa increased by from approximately 200 to 150 more cases per 100,000 population than in the preceding month. Current rates in Saitama (913.9), Toyama (831.5) and Gumma (656.6) were all more than twice the national average. At the other extreme, the rate in Osaka Prefecture (124.7) was more than 60 percent, and those in Nara (142.8), Hyogo (147.5), Kyoto (155.8) and Tokyo-to (162.3) more than 50 percent below the national average.

The current influenza rate (65.7) was less than half of the February rate (147.7). Rates in March of 1949 and 1948 were 3.9 and 6.2 respectively. Twenty-eight prefectures reported decreases from February and 14 increases. The four remaining prefectures have reported no cases of influenza since the beginning of the year. The most outstanding decreases were in Shimane (from 715.5 to 21.5), Gifu (1307.6 to 626.7), and Fukui (735.2 to 91.7). The most nearly comparable increases were in Oita (58.1 to 330.1), Yamanashi (106.2 to 299.7) and Hokkaido (2.9 to 188.8). Even though the rate in Gifu decreased, the current rate (626.7) was still nine and a half times as high as the national rate. Oita reported a rate (330.1) approximately five and Yamanashi (299.7) over four times as high as the national. At the other extreme, no cases were reported in 7 prefectures.

The case rate for poliomyelitis rose from 1.8 in February to 1.9 in March. The rates in March of 1949 and 1948 were 1.5 and 0.3 respectively. The number of prefectures reporting increases (17) was the same as the number reporting decreases. Four reported the same rate as last month, and the remaining eight have reported no cases for two or more months. The highest rate this month (11.4), six times the national average, was reported for Oita Prefecture, while neighboring Miyazaki, which held first place for the four preceding months, was second with 8.6, four and a half times the national rate. Rates in the 27 other prefectures reporting cases ranged from 0.4 to 5.5.

The case rate for tetanus increased from 1.5 to 2.0. Rates in March 1949 (2.1) and 1948 (1.9) were approximately the same. Nearly half (22) of the prefectures had increases, 14 had decreases, and 8 remained the same, while 2 had no cases either this month or last month. Six prefectures reported no cases currently. At the other extreme, rates in Fukuoka (7.0) and Tottori (6.5) were over three times the national average.

The case rate for puerperal infection this month (1.1) was the same as last month's rate, approximately the same as in March of last year (1.2), but somewhat lower than in March of 1948 (1.5). Rates decreased in 18 prefectures and increased in 16, while of the 12 which did not change 7 have reported no cases for two or more months. There were 17 prefectures reporting no cases this month. The highest rate (7.9) was reported by Yamanashi Prefecture, the next highest (5.5) by Saitama.

The rabies case rate decreased from 0.1 in February to less than 0.1 in March. Rates in March 1949 and 1948 were 0.1 and less than 0.1 respectively. Current cases were reported by Gumma, Kanagawa, and Tokyo-to.

The leprosy case rate this month (0.9) was nearly double the February rate (0.5) but about the same as in March 1949 and 1948 (0.8 and 0.9 respectively). The current rate was higher than in February for 19 prefectures, lower for 11, and the same for 16 (including 12 which have reported no cases for two months or more). Current cases were reported by 27 prefectures whose case rates ranged from 0.4 to 4.5.

The case rate for trachoma this month (164.4) was 9 percent higher than in February (151.1). It was 5 percent lower than in March of last year (172.6) and approximately the same as the corresponding 1948 rate (163.9). Over half (25) of the prefectures reported increases and the remainder (21) decreases in rates. The rate in Yamagata (762.5) was over four and a half times and in Gunma (563.4), Iwate (540.5) and Aomori (523.2) over three times the national average. All those four prefectures are located in the northern half of Honshu. At the other extreme, the rate in Kagoshima (39.5) was less than one-fourth the national and rates in Tochigi (41.5) and Yamaguchi (43.8) nearly as low.

No current cases of infectious diarrhea were reported, making a case rate of zero compared with a rate of 0.2 last month and 0.6 in March of last year. Data are not available for 1948.

The case rate for schistosomiasis rose from 0.5 to 0.6. Data are not available for 1949 or 1948. Current cases were reported by Yamanashi (41.2), Fukukia (2.7) and Hiroshima (1.3).

The case rate for filariasis decreased from 0.3 in February to 0.1 in March. Data are not available for 1949 or 1948. Current cases were reported for five prefectures (Wakayama, Akita, Oita, Kumamoto, and Kagoshima).

There were 25,229 cases reported for the four venereal diseases in March compared with 25,178 in February. Rates for syphilis and chancreid were higher currently than in February, for gonorrhea lower, and for lymphogranuloma venereum the rate was the same both months. All rates were lower than in March 1949.

The March case rate for syphilis (178.5) was 2 percent higher than the February rate (174.9). It was 35 percent below the rate (274.0) for March 1949 and nearly 50 percent below the corresponding 1948 rate (350.1). Prefectural rates ranged from 68.7 to 421.2.

The case rate for gonorrhea this month (206.1) was slightly lower than last month's rate (209.1). It was 8 percent below the rate (224.2) for March of last year and 43 percent below the corresponding rate (363.6) for 1948. Prefectural rates ranged from 45.7 to 757.1.

The chancreid case rate in March (21.2) was slightly higher than in February (21.1) but 35 percent below the March 1949 rate (32.5) and more than 70 percent below the corresponding 1948 (74.2). Prefectural rates ranged from 1.6 to 79.2.

The case rate for lymphogranuloma venereum (0.8) was the same in March as in February. Rates in March of 1949 and 1948 were 0.9 and 1.2 respectively. No cases were reported by 29 prefectures and rates in the remaining 17 ranged from 0.3 to 8.7.

#### FOOTNOTES:

1/ These diseases are diphtheria, dysentery, typhoid fever, paratyphoid fever, smallpox, typhus fever, malaria, Japanese "B" encephalitis, scarlet fever, epidemic meningitis, cholera, and plague.

2/ February and March 1950, March 1949 and March 1948 were all four-week periods. Rates for the three months of 1949 and 1950 are based on the estimated population as of 1 July 1949, while those for March 1948 are based upon the estimated population as of 1 July 1948. Comparison of data should be based on rates rather than numbers where there are differences in the base population.

3/ Monthly data are not available for the period 1928-1934 inclusive.

SUMMARY REPORT OF CASES AND DEATHS FROM  
COMMUNICABLE DISEASES IN JAPAN  
4 WEEKS ENDED 25 MARCH 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Cases Number	Cases Rate	Deaths Number	Deaths Rate	Cases Number	Cases Rate	Deaths Number	Deaths Rate
HOKKAIDO	53	17.0	77	2.3	14	4.5	-	-
AOMORI	20	21.2	4	4.2	-	-	-	-
IWATE	44	44.0	5	5.0	28	28.0	-	-
MIYAGI	25	20.3	1	0.8	7	5.7	1	0.8
AKITA	30	30.2	1	1.0	3	3.0	1	1.0
YAMAGATA	21	20.2	2	1.9	1	1.0	-	-
FUKUSHIMA	32	20.4	2	1.3	14	8.9	1	0.6
IBARAKI	23	14.5	-	-	17	10.8	8	5.1
TOCHIGI	12	10.0	2	1.7	7	5.8	4	3.3
GUMMA	16	12.9	1	0.8	14	11.3	7	5.6
SAITAMA	33	20.0	3	1.8	41	24.9	12	7.3
CHIBA	9	5.4	-	-	15	9.1	4	2.4
TOKYO	56	13.4	4	1.0	69	16.5	15	3.6
KANAGAWA	23	12.8	4	2.2	29	16.2	6	3.3
NIIGATA	38	20.2	3	1.6	43	22.8	7	3.7
TOYAMA	13	16.8	3	3.9	-	-	-	-
ISHIKAWA	18	24.7	4	5.5	7	9.6	1	1.4
FUKUI	15	26.4	2	3.5	-	-	-	-
YAMANASHI	3	4.8	1	1.6	-	-	-	-
NAGANO	27	16.8	2	1.2	5	3.1	-	-
GIFU	7	5.9	1	0.8	-	-	1	0.8
SHIZUOKA	22	11.8	2	1.1	14	7.5	3	1.6
AICHI	38	15.2	3	1.2	12	4.8	2	0.8
MIE	15	13.4	2	1.8	3	2.7	-	-
SHIGA	7	10.4	1	1.5	1	1.5	-	-
KYOTO	12	8.7	2	1.4	3	2.2	1	0.7
OSAKA	48	17.7	12	4.4	4	1.5	1	0.4
HYOGO	42	17.2	2	0.8	12	4.9	5	2.0
NARA	9	14.9	1	1.7	-	-	-	-
WAKAYAMA	6	7.9	-	-	1	1.3	1	1.3
TOTTORI	5	10.9	2	4.4	3	6.5	1	2.2
SHIMANE	28	40.1	3	4.3	2	2.9	-	-
OKAYAMA	9	7.1	1	0.8	1	0.8	-	-
HIROSHIMA	25	15.8	4	2.5	5	3.2	3	1.9
YAMAGUCHI	29	24.9	2	1.7	-	-	-	-
TOKUSHIMA	16	23.8	4	5.9	1	1.5	-	-
KAGAWA	6	8.3	1	1.4	1	1.4	-	-
EHIME	17	14.8	4	3.5	1	0.9	1	0.9
KOCHI	8	11.9	-	-	-	-	-	-
FUKUOKA	64	25.0	11	4.3	18	7.0	2	0.8
SAGA	27	37.5	3	4.2	1	1.4	-	-
NAGASAKI	51	42.1	2	1.7	2	1.7	-	-
KUMAMOTO	21	15.2	4	2.9	6	4.3	3	2.2
OITA	29	30.1	8	8.3	1	1.0	-	-
MIYAZAKI	31	38.1	4	4.9	-	-	-	-
KAGOSHIMA	37	27.1	4	2.9	-	-	-	-
*Mar 1950	1,120	18.1	134	2.2	406	6.5	91	1.5
*Feb 1950	1,277	20.6	130	2.1	347	5.6	87	1.4
*Mar 1949	1,468	23.7	184	2.6	218	3.5	60	0.9

See footnotes at end of table.

Monthly Report - 25 March 1950  
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	9	2.9	2	0.6	4	1.3	-	-
AOMORI	2	2.1	-	-	2	2.1	-	-
IWATE	2	2.0	1	1.0	3	3.0	-	-
MIYAGI	10	8.1	3	2.4	7	5.7	-	-
AKITA	2	2.0	1	1.0	1	1.0	-	-
YAMAGATA	2	1.9	-	-	2	1.9	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	7	4.4	1	0.6	1	0.6	-	-
TOCHIGI	1	0.8	-	-	2	1.7	-	-
GUMMA	1	0.8	-	-	1	0.8	-	-
SAITAMA	8	4.9	1	0.6	2	1.2	-	-
CHIBA	4	2.4	-	-	-	-	-	-
TOKYO	39	9.3	3	0.7	8	1.9	-	-
KANAGAWA	13	7.3	1	0.6	2	1.1	-	-
NIIGATA	3	1.6	1	0.5	2	1.1	-	-
TOYAMA	1	1.3	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	1	1.8	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	2	1.2	-	-	-	-	-	-
GIFU	3	2.5	-	-	2	1.7	-	-
SHIZUOKA	7	3.8	-	-	1	0.5	-	-
AICHI	5	2.0	1	0.4	-	-	-	-
MIE	13	11.6	4	3.6	1	0.9	-	-
SHIGA	1	1.5	-	-	-	-	-	-
KYOTO	7	5.1	-	-	1	0.7	-	-
OSAKA	14	5.1	1	0.4	3	1.1	1	0.4
HYOGO	8	3.3	-	-	1	0.4	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	2	2.6	1	1.3	2	2.6	-	-
TOTTORI	2	4.4	-	-	-	-	-	-
SHIMANE	4	5.7	1	1.4	-	-	-	-
OKAYAMA	1	0.8	-	-	-	-	-	-
HIROSHIMA	11	7.0	2	1.3	7	4.4	1	0.6
YAMAGUCHI	1	0.9	-	-	-	-	-	-
TOKUSHIMA	3	4.5	3	4.5	1	1.5	1	1.5
KAGAWA	-	-	-	-	-	-	-	-
EHIME	1	0.9	-	-	-	-	-	-
KOCHI	2	3.0	-	-	-	-	-	-
FUKUOKA	3	1.2	-	-	3	1.2	-	-
SAGA	-	-	-	-	1	1.4	-	-
NAGASAKI	3	2.5	-	-	-	-	-	-
KUMAMOTO	5	3.6	1	0.7	-	-	-	-
OITA	1	1.0	-	-	-	-	-	-
MIYAZAKI	2	2.5	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
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*Mar 1950	205	3.3	28	0.5	61	1.0	3	0.0
*Feb 1950	220	3.5	34	0.5	60	1.0	2	0.0
*Mar 1949	249	4.0	72	1.0	96	1.5	13	0.2

See footnotes at end of table.

Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Cases Number	Cases Rate	Deaths Number	Deaths Rate	Cases Number	Cases Rate	Deaths Number	Deaths Rate
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	5	4.1	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	2	1.9	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	6	3.8	1	0.6
TOCHIGI	-	-	-	-	1	0.8	-	-
GUMMA	-	-	-	-	21	16.9	1	0.8
SAITAMA	-	-	-	-	1	0.6	-	-
CHIBA	-	-	-	-	1	0.6	-	-
TOKYO	-	-	-	-	47	11.2	5	1.2
KANAGAWA	1	0.6	-	-	83	46.3	7	3.9
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	1	0.5	-	-
AICHI	-	-	-	-	1	0.4	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	3	1.1	-	-
HYOGO	-	-	-	-	-	-	-	-
NARA	-	-	-	-	1	1.7	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	-	-	-	-	1	0.8	-	-
HIROSHIMA	-	-	-	-	2	1.3	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KOSHIMA	-	-	-	-	-	-	-	-

  

*Mar 1950	1	0.0	-	-	176	2.8	14	0.2
*Feb 1950	1	0.0	-	-	476	7.7	27	0.4
*Mar 1949	12	0.2	2	0.0	9	0.1	7	0.1

See footnotes at end of table.

PREFECTURE	MALARIA			
	Cases		Deaths	
	Number	Rate	Number	Rate
HOKKAIDO	1	0.3	-	-
AOMORI	-	-	-	-
IWATE	1	1.0	1	1.0
MIYAGI	-	-	-	-
AKITA	1	1.0	-	-
YAMAGATA	1	1.0	-	-
FUKUSHIMA	1	0.6	1	0.6
IBARAKI	2	1.3	-	-
TOCHIGI	1	0.8	-	-
GUMMA	2	1.6	-	-
SAITAMA	1	0.6	-	-
CHIBA	1	0.6	-	-
TOKYO	7	1.7	1	0.2
KANAGAWA	1	0.6	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	1	1.8	1	1.8
YAMANASHI	-	-	-	-
NAGANO	1	0.6	-	-
GIFU	3	2.5	-	-
SHIZUOKA	1	0.5	-	-
AICHI	-	-	-	-
MIE	2	1.8	-	-
SHIGA	-	-	-	-
KYOTO	1	0.7	-	-
OSAKA	-	-	-	-
HYOGO	3	1.2	-	-
NARA	1	1.7	-	-
WAKAYAMA	-	-	-	-
TOTTORI	1	2.2	-	-
SHIMANE	-	-	-	-
OKAYAMA	1	0.8	-	-
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	1	1.4	-	-
EHIME	2	1.7	-	-
KOCHI	-	-	-	-
FUKUOKA	7	2.7	-	-
SAGA	2	2.8	-	-
NAGASAKI	1	0.8	-	-
KUMAMOTO	-	-	-	-
OITA	1	1.0	-	-
MIYAZAKI	-	-	-	-
KAGOSHIMA	1	0.7	1	0.7

  

*Mar 1950	50	0.8	5	0.1
*Feb 1950	51	0.8	4	0.1
*Mar 1949	107	1.7	19	0.3

See footnotes at end of table.

## Monthly Report - 25 March 1950

Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
HOKKAIDO	22	7.1	1	0.3	6	1.9	2	0.6
AOMORI	6	6.4	-	-	3	3.2	-	-
IWATE	2	2.0	-	-	-	-	-	-
MIYAGI	6	4.9	-	-	3	2.4	2	1.6
AKITA	5	5.0	-	-	1	1.0	-	-
YAMAGATA	-	-	-	-	4	3.8	-	-
FUKUSHIMA	3	1.9	-	-	1	0.6	-	-
IBARAKI	2	1.3	-	-	4	2.5	1	0.6
TOCHIGI	-	-	-	-	1	0.8	-	-
GUMMA	2	1.6	-	-	1	0.8	-	-
SAITAMA	10	6.1	-	-	3	1.8	-	-
CHIBA	7	4.2	-	-	3	1.8	-	-
TOKYO	52	12.4	-	-	23	5.5	7	1.7
KANAGAWA	15	8.4	-	-	7	3.9	2	1.1
NIIGATA	2	1.1	-	-	1	0.5	-	-
TOYAMA	2	2.6	-	-	2	2.6	-	-
ISHIKAWA	1	1.4	-	-	-	-	-	-
FUKUI	35	61.7	-	-	-	-	-	-
YAMANASHI	1	1.6	-	-	2	3.2	-	-
NAGANO	13	8.1	-	-	2	1.2	-	-
GIFU	2	1.7	-	-	1	0.8	-	-
SHIZUOKA	2	1.1	-	-	3	1.6	1	0.5
AICHI	17	6.8	-	-	1	0.4	-	-
MIE	7	6.2	-	-	1	0.9	-	-
SHIGA	4	5.9	-	-	1	1.5	1	1.5
KYOTO	14	10.1	-	-	-	-	-	-
OSAKA	25	9.2	-	-	6	2.2	1	0.4
HYOGO	7	2.9	-	-	-	-	-	-
NARA	1	1.7	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	1	0.8	-	-	-	-	-	-
HIROSHIMA	4	2.5	-	-	2	1.3	1	0.6
YAMAGUCHI	1	0.9	-	-	1	0.9	1	0.9
TOKUSHIMA	1	1.5	-	-	1	1.5	-	-
KAGAWA	-	-	-	-	2	2.8	-	-
EHIME	-	-	-	-	1	0.9	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	3	1.2	-	-	3	1.2	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	2	1.7	-	-	4	3.3	-	-
KUMAMOTO	-	-	-	-	3	2.2	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	2	1.5	-	-

  

*Mar 1950	277	4.5	1	0.0	99	1.6	19	0.3
*Feb 1950	319	5.1	3	0.0	90	1.5	23	0.4
*Mar 1949	316	5.1	1	0.0	159	2.6	59	0.8

See footnotes at end of table.

Monthly Report - 25 March 1950  
Continued

PREFECTURE	MEASLES		WHOOPING COUGH	
	Cases Number	Rate	Cases Number	Rate
HOKKAIDO	137	44.1	176	56.6
AOMORI	11	11.7	91	96.6
IWATE	93	92.9	127	126.9
MIYAGI	40	32.4	108	87.5
AKITA	43	43.3	109	109.8
YAMAGATA	11	10.6	45	43.2
FUKUSHIMA	160	102.1	244	155.7
IBARAKI	43	27.2	399	252.3
TOCHIGI	174	144.4	120	99.6
GUMMA	365	293.3	169	135.8
SAITAMA	828	502.1	573	347.5
CHIBA	47	28.4	165	99.7
TOKYO	141	33.7	848	202.4
KANAGAWA	106	59.1	409	228.2
NIIGATA	43	22.8	211	112.0
TOYAMA	10	13.0	370	479.2
ISHIKAWA	9	12.4	93	127.7
FUKUI	76	134.0	108	190.4
YAMANASHI	28	44.4	124	196.6
NAGANO	236	146.7	235	146.1
GIFU	147	124.7	113	95.8
SHIZUOKA	335	180.0	490	263.2
AICHI	738	295.8	177	70.9
MIE	12	10.7	221	196.9
SHIGA	26	38.5	107	158.5
KYOTO	4	2.9	229	165.9
OSAKA	24	8.8	309	113.7
HYOGO	49	20.1	311	127.4
NARA	2	3.3	27	44.8
WAKAYAMA	12	15.8	225	296.9
TOTTORI	5	10.9	31	67.6
SHIMANE	2	2.9	80	114.5
OKAYAMA	65	50.9	77	60.3
HIROSHIMA	171	108.1	238	150.4
YAMAGUCHI	1	0.9	90	77.3
TOKUSHIMA	312	464.1	125	185.9
KAGAWA	428	592.5	144	199.3
EHIME	311	271.5	241	210.4
KOCHI	175	261.2	108	161.2
FUKUOKA	112	43.7	448	174.9
SAGA	18	25.0	106	147.2
NAGASAKI	120	99.1	246	203.2
KUMAMOTO	40	29.0	311	225.2
OITA	8	8.3	153	158.8
MIYAZAKI	34	41.8	158	194.1
KAGOSHIMA	83	60.8	117	85.6
 *Mar 1950		5,835	94.1	9,606
 *Feb 1950		4,107	66.2	11,797
 *Mar 1949		16,172	260.7	5,526
				154.8
				190.2
				89.1

See footnotes at end of table.

Monthly Report - 25 March 1950  
Continued

PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Cases Number	Rate	Cases Number	Rate
HOKKAIDO	2,905	934.1	1,226	394.2
AOMORI	584	619.8	298	316.3
IWATE	594	593.5	385	384.7
MIYAGI	684	554.0	570	461.7
AKITA	616	620.5	287	289.1
YAMAGATA	446	428.3	284	272.7
FUKUSHIMA	564	359.9	669	426.9
IBARAKI	403	254.9	622	393.4
TOCHIGI	207	171.8	502	416.7
GUMMA	521	418.7	817	656.6
SAITAMA	833	505.2	1,507	913.9
CHIBA	552	333.5	296	178.8
TOKYO	3,575	853.2	680	162.3
KANAGAWA	851	474.8	441	246.1
NIIGATA	645	342.4	617	327.6
TOYAMA	654	847.1	642	831.5
ISHIKAWA	472	648.0	267	366.6
FUKUI	289	509.5	260	458.4
YAMANASHI	180	285.4	295	467.8
NAGANO	746	463.8	981	609.9
GIFU	523	443.5	421	357.0
SHIZUOKA	673	361.5	544	292.2
AICHI	1,596	639.7	893	357.9
MIE	483	430.4	331	294.9
SHIGA	280	414.8	220	325.9
KYOTO	847	613.6	215	155.8
OSAKA	1,789	658.1	339	124.7
HYOGO	1,300	532.5	360	147.5
NARA	156	259.1	86	142.8
WAKAYAMA	256	337.8	204	269.2
TOTTORI	211	460.2	119	259.5
SHIMANE	345	493.7	223	319.1
OKAYAMA	761	596.3	436	341.6
HIROSHIMA	884	558.7	498	314.7
YAMAGUCHI	477	409.7	205	176.1
TOKUSHIMA	142	211.2	221	328.7
KAGAWA	326	451.3	348	481.7
EHIME	389	339.6	665	580.6
KOCHI	176	262.7	157	234.3
FUKUOKA	1,290	503.5	520	203.0
SAGA	305	423.4	221	306.8
NAGASAKI	557	460.0	285	235.4
KUMAMOTO	377	272.9	393	284.5
OITA	470	487.9	270	280.3
MIYAZAKI	330	405.4	205	251.9
KAGOSHIMA	462	338.2	226	165.4
*Mar 1950	31,726	511.4	20,251	326.4
*Feb 1950	31,392	506.0	19,957	321.7
*Mar 1949	32,831	529.2	16,527	266.4

See footnotes at end of table.

Continued

PREFECTURE	INFLUENZA		POLIOMYELITIS	
	Number	Cases Rate	Number	Cases Rate
HOKKAIDO	587	188.8	8	2.6
AOMORI	-	-	-	-
IWATE	-	-	5	5.0
MIYAGI	-	-	6	4.9
AKITA	102	102.7	-	-
YAMAGATA	1	1.0	2	1.9
FUKUSHIMA	-	-	5	3.2
IBARAKI	3	1.9	3	1.9
TOCHIGI	14	11.6	-	-
GUMMA	161	129.4	2	1.6
SAITAMA	104	69.1	1	0.6
CHIBA	23	13.9	-	-
TOKYO	83	19.8	12	2.9
KANAGAWA	72	40.2	3	1.7
NIIGATA	454	241.0	-	-
TOYAMA	17	22.0	-	-
ISHIKAWA	54	74.1	1	1.4
FUKUI	52	91.7	1	1.8
YAMANASHI	189	299.7	1	1.6
NAGANO	108	67.1	5	3.1
GIFU	739	626.7	-	-
SHIZUOKA	187	100.5	7	3.8
AICHI	105	42.1	1	0.4
MIE	165	147.0	4	3.6
SHIGA	17	26.2	-	-
KYOTO	-	-	-	-
OSAKA	8	2.9	1	0.4
HYOGO	17	7.0	2	0.8
NARA	3	5.0	-	-
WAKAYAMA	81	106.9	-	-
TOTTORI	1	2.2	2	4.4
SHIMANE	15	21.5	-	-
OKAYAMA	9	7.1	2	1.6
HIROSHIMA	18	11.4	-	-
YAMAGUCHI	10	8.6	-	-
TOKUSHIMA	54	80.3	2	3.0
KAGAWA	18	24.9	1	1.4
EHIME	29	25.3	3	2.6
KOCHI	-	-	2	3.0
FUKUOKA	139	54.3	14	5.5
SAGA	69	95.8	-	-
NAGASAKI	36	29.7	-	-
KUMAMOTO	3	2.2	3	2.2
OITA	318	330.1	11	11.4
MIYAZAKI	11	13.5	7	8.6
KAGOSHIMA	-	-	-	-
*Mar 1950	4,076	65.7	117	1.9
*Feb 1950	9,163	147.7	114	1.8
*Mar 1949	242	3.9	92	1.5

See footnotes at end of table.

Continued

PREFECTURE	TETANUS		PUERPERAL INFECTION	
	Cases Number	Rate	Cases Number	Rate
HOKKAIDO	4	1.3	7	2.3
AOMORI	-	-	3	3.2
IWATE	1	1.0	1	1.0
MIYAGI	1	0.8	4	3.2
AKITA	-	-	3	3.0
YAMAGATA	1	1.0	1	1.0
FUKUSHIMA	1	0.6	1	0.6
IBARAKI	7	4.4	3	1.9
TOCHIGI	3	2.5	-	-
GUMMA	5	4.0	6	4.8
SAITAMA	7	4.2	9	5.5
CHIBA	5	3.0	1	0.6
TOKYO	3	0.7	1	0.2
KANAGAWA	3	1.7	1	0.6
NIIGATA	3	1.6	1	0.5
TOYAMA	-	-	3	3.9
ISHIKAWA	1	1.4	-	-
FUKUI	-	-	-	-
YAMANASHI	1	1.6	5	7.9
NAGANO	2	1.2	2	1.2
GIFU	2	1.7	-	-
SHIZUOKA	3	1.6	-	-
AICHI	3	1.2	1	0.4
MIE	5	4.5	-	-
SHIGA	2	3.0	1	1.5
KYOTO	1	0.7	-	-
OSAKA	3	1.1	-	-
HYOGO	2	0.8	1	0.4
NARA	2	3.3	1	1.7
WAKAYAMA	-	-	-	-
TOTTORI	3	6.5	-	-
SHIMANE	3	4.3	-	-
OKAYAMA	2	1.6	1	0.8
HIROSHIMA	3	1.9	1	0.6
YAMAGUCHI	3	2.6	-	-
TOKUSHIMA	1	1.5	1	1.5
KAGAWA	1	1.4	-	-
EHIME	1	0.9	1	0.9
KOCHI	2	3.0	-	-
FUKUOKA	18	7.0	5	2.0
SAGA	2	2.8	-	-
NAKASAKI	-	-	1	0.8
KUMAMOTO	1	0.7	2	1.4
OITA	4	4.2	-	-
MIZZAKI	3	3.7	-	-
KAGOSHIMA	3	2.2	1	0.7
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*Mar 1950	121	2.0	69	1.1
*Feb 1950	91	1.5	68	1.1
*Mar 1949	128	2.1	74	1.2

See footnotes at end of table.

## Monthly Report - 25 March 1950

Continued

PREFECTURE	RABIES		LEPROSY	
	Cases Number	Rate	Cases Number	Rate
HOKKAIDO	-	-	-	-
AOMORI	-	-	1	1.1
IWATE	-	-	2	2.0
MIYAGI	-	-	3	2.4
AKITA	-	-	3	3.0
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	2	1.3
IBARAKI	-	-	-	-
TOCHIGI	-	-	2	1.7
GUMMA	1	0.8	2	1.6
SAITAMA	-	-	-	-
CHIBA	-	-	-	-
TOKYO	1	0.2	4	1.0
KANAGAWA	1	0.6	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	-	-	-	-
NAGANO	-	-	1	0.6
GIFU	-	-	1	0.8
SHIZUOKA	-	-	-	-
AICHI	-	-	2	0.8
MIE	-	-	2	1.8
SHIGA	-	-	-	-
KYOTO	-	-	1	0.7
OSAKA	-	-	3	1.1
HYOGO	-	-	1	0.4
NARA	-	-	-	-
WAKAYAMA	-	-	-	-
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	1	0.8
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	3	4.5
KAGAWA	-	-	1	1.4
EHIME	-	-	2	1.7
KOCHI	-	-	1	1.5
FUKUOKA	-	-	8	3.1
SAGA	-	-	1	1.4
NAGASAKI	-	-	1	0.8
KUMAMOTO	-	-	1	0.7
OITA	-	-	3	3.1
MIYAZAKI	-	-	2	2.5
KAGOSHIMA	-	-	2	1.5
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*Mar 1950	3	0.0	56	0.9
*Feb 1950	7	0.1	31	0.5
*Mar 1949	5	0.1	50	0.8

See footnotes at end of table.

Continued

PREFECTURE	TRACHOMA	
	Number	Cases Rate
HOKKAIDO	701	225.4
AOMORI	493	523.2
IWATE	541	540.5
MIYAGI	363	294.0
AKITA	250	251.8
YAMAGATA	794	762.5
FUKUSHIMA	171	109.1
IBARAKI	217	137.2
TOCHIGI	50	41.5
GUMMA	701	563.4
SAITAMA	301	182.5
CHIBA	186	112.4
TOKYO	366	87.4
KANAGAWA	780	435.2
NIIGATA	120	63.7
TOYAMA	56	72.5
ISHIKAWA	72	98.8
FUKUI	79	139.3
YAMANASHI	86	136.4
NAGANO	81	50.4
GIFU	61	51.7
SHIZUOKA	143	76.8
AICHI	477	191.2
MIE	78	69.5
SHIGA	33	48.9
KYOTO	106	76.8
OSAKA	419	154.1
HYOGO	384	157.3
NARA	92	152.8
WAKAYAMA	151	199.2
TOTTORI	45	98.1
SHIMANE	45	64.4
OKA YAMA	134	105.0
HIROSHIMA	378	238.9
YAMAGUCHI	51	43.8
TOKUSHIMA	31	46.1
KAGAWA	124	171.6
EHIME	89	77.7
KOCHI	38	56.7
FUKUOKA	407	158.9
SAGA	51	70.8
NAGASAKI	174	143.7
KUMAMOTO	112	81.1
OITA	48	49.8
MIYAZAKI	64	78.6
KAGOSHIMA	54	39.5

*Mar 1950	10,197	164.4
*Feb 1950	9,377	151.1
*Mar 1949	10,708	172.6

See footnotes at end of table.

Monthly Report - 25 March 1950  
Continued

PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Cases Number	Rate	Cases Number	Rate
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	1	1.0
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	-
CHIBA	-	-	-	-
TOKYO	-	-	-	-
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	26	41.2	-	-
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	-
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	-
HYOGO	-	-	-	-
NARA	-	-	-	-
WAKAYAMA	-	-	1	1.3
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	-
HIROSHIMA	2	1.3	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	7	2.7	-	-
SAGA	-	-	-	-
NAGASAKI	-	-	-	-
KUMAMOTO	-	-	1	0.7
OITA	-	-	1	1.0
MIYAZAKI	-	-	-	-
KAGOSHIMA	-	-	1	0.7
*Mar 1950	35	0.6	5	0.1
*Feb 1950	31	0.5	16	0.3
*Mar 1949	NA	NA	NA	NA

See footnotes at end of table.

Monthly Report - 25 March 1950  
Continued

PREFECTURE	SYPHILIS		GONORRHEA	
	Cases Number	Rate	Cases Number	Rate
HOKKAIDO	546	175.6	769	247.3
AOMORI	113	119.9	150	159.2
IWATE	102	101.9	75	74.9
MIYAGI	181	146.6	175	141.8
AKITA	85	85.6	50	50.4
YAMAGATA	136	130.6	96	92.2
FUKUSHIMA	169	107.8	168	107.2
IBARAKI	136	86.0	93	58.8
TOCHIGI	171	141.9	122	101.3
GUMMA	137	110.1	111	89.2
SAITAMA	200	121.3	195	118.3
CHIBA	231	139.5	218	131.7
TOKYO	561	133.9	1,067	254.7
KANAGAWA	714	398.4	1,357	757.1
NIIGATA	215	114.1	86	45.7
TOYAMA	138	178.7	128	165.8
ISHIKAWA	159	218.3	153	210.1
FUKUI	100	176.3	122	215.1
YAMANASHI	62	98.3	33	52.3
NAGANO	183	113.8	136	84.6
GIFU	81	68.7	158	134.0
SHIZUOKA	217	116.6	244	131.1
AICHI	417	167.1	464	186.0
MIE	194	172.9	110	98.0
SHIGA	92	136.3	102	151.1
KYOTO	337	244.1	396	286.9
OSAKA	887	326.3	501	184.3
HYOGO	530	217.1	532	217.9
NARA	97	161.1	126	209.2
WAKAYAMA	217	286.3	218	287.6
TOTTORI	117	255.2	102	222.5
SHIMANE	58	83.0	42	60.1
OKAYAMA	179	140.2	195	152.8
HIROSHIMA	398	251.5	671	424.1
YAMAGUCHI	405	347.8	672	577.2
TOKUSHIMA	61	90.7	34	50.6
KAGAWA	123	170.3	105	145.3
EHIME	96	83.8	77	67.2
KOCHI	96	143.3	99	147.8
FUKUOKA	1,079	421.2	1,520	593.3
SAGA	112	155.5	178	247.1
NAGASAKI	485	400.6	334	275.9
KUMAMOTO	121	87.6	193	139.7
OITA	156	161.9	171	177.5
MIYAZAKI	73	89.7	99	121.6
KAGOSHIMA	109	79.8	142	103.9
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*Mar 1950	11,076	178.5	12,789	206.1
*Feb 1950	10,850	174.9	12,973	209.1
*Mar 1949	17,000	274.0	13,906	224.2

See footnotes at end of table.

Monthly Report - 25 March 1950  
Continued

PREFECTURE	CHANCROID		LYM PHOGRANULOMA VENEREUM	
	Number	Cases Rate	Number	Cases Rate
HOKKAIDO	54	17.4	1	0.3
AOMORI	3	3.2	-	-
IWATE	3	3.0	-	-
MIYAGI	13	10.5	-	-
AKITA	4	4.0	-	-
YAMAGATA	4	3.8	-	-
FUKUSHIMA	10	6.4	-	-
IBARAKI	19	12.0	-	-
TOCHIGI	9	7.5	-	-
GUMMA	12	9.6	-	-
SAITAMA	11	6.7	-	-
CHIBA	29	17.5	-	-
TOKYO	129	30.8	4	1.0
KANAGAWA	142	79.2	3	1.7
NIIGATA	10	5.3	1	0.5
TOYAMA	7	9.1	-	-
ISHIKAWA	18	24.7	3	4.1
FUKUI	10	17.6	1	1.8
YAMANASHI	1	1.6	-	-
NAGANO	5	3.1	-	-
GIFU	11	9.3	-	-
SHIZUOKA	16	8.6	2	1.1
AICHI	21	8.4	-	-
MIE	20	17.8	-	-
SHIGA	32	47.4	-	-
KYOTO	91	65.9	12	8.7
OSAKA	118	43.4	4	1.5
HYOGO	65	26.6	3	1.2
NARA	33	54.8	-	-
WAKAYAMA	28	36.9	1	1.3
TOTTORI	6	13.1	-	-
SHIMANE	14	5.7	-	-
OKAYAMA	34	26.6	3	2.4
HIROSHIMA	74	46.8	4	2.5
YAMAGUCHI	47	40.4	-	-
TOKUSHIMA	2	3.0	-	-
KAGAWA	8	11.1	-	-
EHIME	9	7.9	1	0.9
KOCHI	8	11.9	1	1.5
FUKUOKA	122	47.6	2	0.8
SAGA	6	8.3	1	1.4
NAGASAKI	40	33.0	-	-
KUMAMOTO	7	5.1	-	-
OITA	8	8.3	-	-
MIYAZAKI	3	3.7	-	-
KAGOSHIMA	11	8.1	-	-
<hr/>				
*Mar 1950	1,317	21.2	47	0.8
*Feb 1950	1,308	21.1	47	0.8
*Mar 1949	2,018	32.5	53	0.9

See footnotes at end of table.

FOOTNOTES

There were no cases or deaths reported for Japanese "B" encephalitis, cholera, or plague, and there were also no cases of yellow fever, anthrax, glanders, infectious diarrhea, dengue fever, ortsutsugamushi disease.

The monthly reports refer to four and five week periods: One asterisk (\*) indicates a four week period and two asterisks (\*\*) indicate a five week period.

Rates are the number of cases or deaths per 100,000 population per annum. Both the 1949 and 1950 rates are based upon the estimated population of July 1949.

A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.

A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES IN  
JAPAN FOR THE WEEK ENDED 1 APRIL 1950

During the thirteenth week, ended 1 April 1950, there were 22,054 cases of the 31 communicable diseases now being reported (exclusive of the four venereal diseases compared with 21,442 cases reported for the same diseases last week. A few corrections were received for preceding weeks of the current year.

Diphtheria cases increased 17 percent, from 243 last week to 284 in the present period. Deaths (30) numbered approximately the same as previously (29). This week's case total was 12 percent less than that (323) recorded for the same period of last year and a fourth below the corresponding 1948 figure (379). Half (23) of the prefectures reported more cases this week than last week while nineteen others had fewer cases and the remaining four did not change. Cases in Fukuoka Prefecture increased from 11 to 32, accounting for over a tenth of the present total. Forty-one additional prefectures had cases ranging from 1 to 17 this week and four prefectures reported having no cases. The current and cumulative case rates were 18.3 and 19.2 respectively. Corresponding death rates were 1.9 and 2.1.

The number of dysentery cases this week (125) was 21 percent higher than in the preceding week (103). Deaths, however, decreased from 25 to 20. Present cases amounted to more than twice the totals recorded for the thirteenth weeks of last year (61) and 1948 (53). There were increases over last week in fourteen prefectures, decreases in nine, and no change in six. Seventeen other prefectures have reported no cases for two or more weeks. Tokyo-to (23 cases), Saitama (17) and Gunma (13), all in the Kanto area, together with Osaka Prefecture (15) accounted for well over half of all cases this week. Twenty-one other prefectures reported from 1 to 9 cases each. Of this week's total cases, 123 were listed as bacillary dysentery and the remaining 2 as amebic dysentery. All deaths were from bacillary dysentery. The current and cumulative case rates were 8.1 and 5.7 respectively, while corresponding death rates were both 1.3.

There were 49 cases of typhoid fever this week, about 15 percent fewer than in the previous week (57). Deaths decreased only slightly, from 8 to 7. The present case figure was 27 percent less than in the same period of last year (67) and 35 percent below that (75) recorded for the corresponding week of 1948. Decreases from last week occurred in twelve of the prefectures, increases in eight, and no change in seven, while no cases have been reported for two weeks or longer in the remaining nineteen. This week's cases were distributed among half (23) of the prefectures, from one to five in each. The current and cumulative case rates were 3.2 and 3.7 respectively. The corresponding death rates were 0.5 and 0.6.

Twelve cases of paratyphoid fever were reported this week compared with sixteen last week. No deaths were reported currently whereas there were two in the previous period. Last year at this time there were twenty cases and in the same week of 1948 more than twice the present figure (26). Over two-thirds (32) of the prefectures have reported no cases for two or more weeks. Changes from last week included eight prefectures with increases and five with decreases, while one other stayed the same. Eleven prefectures having one or two cases each accounted for this week's total. The current and cumulative case rates were 0.8 and 1.1 respectively, and the cumulative death rate was less than 0.1.

There was one case of smallpox reported this week and there was also one case last week. There have been no deaths reported thus far this year. One case was recorded during each of the corresponding weeks of 1949 and 1948. Last week's one case was in Kanagawa Prefecture while this week's occurred in Nagasaki. The current and cumulative case rates were 0.1 and less than 0.1 respectively.

After a steady decline from the peak reached in mid-February, typhus fever cases (39) increased this week to three times last week's number (13). Deaths also increased from two to four. Records for the thirteenth weeks of 1949 and 1948 show one and three cases respectively. Five prefectures increased over last week while four others decreased. Kanagawa Prefecture, where cases rose from 3 to 19, and Tokyo-to, from 1 to 10, were almost entirely responsible for the increase in incidence this week. Those two prefectures have also accounted for nearly 90 percent of all cases reported thus far this year. Four other prefectures reporting cases this week were

Iwate (4), Gumma (3), Yamagata (2), and Ibaraki (1). The current and cumulative case rates were 2.5 and 3.5 respectively. Corresponding death rates were 0.3 and 0.2.

About half as many malaria cases were reported this week (7) as in the preceding week (15). There were no deaths reported currently whereas last week there were three. Present cases were about a third of those (22) recorded for the thirteenth week of last year and nearly an eighth of the corresponding 1948 total (53). The majority (28) of the prefectures have reported no cases for two weeks or longer. Decreases from last week occurred in twelve of the prefectures, increases in five, and no change in one. Six prefectures with one or two cases each accounted for this week's total. The current and cumulative case rates were 0.5 and 0.7 respectively, and the cumulative death rate was 0.1.

Scarlet fever cases this week (52) were about half last week's total (108), thus resuming the level of two weeks ago. No deaths were reported during either period. The current number of cases was 36 percent less than in the thirteenth week of last year (81) but about 50 percent higher than the figure (35) for the same period of 1948. Cases decreased from last week in over a third (17) of the prefectures and increased in six prefectures. Half (23) of the prefectures did not change, of which all but three have reported no cases for at least two weeks. A substantial decrease occurred in Fukui Prefecture, from 34 cases last week to 2 in the present period. Nearly 30 percent of all cases this week were in Tokyo-to (15) while seventeen additional prefectures reported from one to seven cases each. The current and cumulative case rates were 3.4 and 5.1 respectively. The cumulative death rate was less than 0.1.

There were 31 cases of epidemic meningitis this week compared with 22 cases last week. Deaths also increased, from 6 to 10. There were 44 cases listed for the eleventh week of 1949 and 56, or nearly twice the current figure, in the same period of 1948. Half (23) of the prefectures have reported no cases for two weeks or longer. Fourteen prefectures increased over last week, half that number (7) decreased, and the remaining two stayed the same. Nineteen prefectures reported cases this week, from one to five each. The current and cumulative case rates were 2.0 and 1.5 respectively. Corresponding death rates were 0.6 and 0.4.

There continued to be no Japanese "B" encephalitis, cholera, or plague.

Measles cases this week (1,580) were 18 percent fewer than in the preceding period (1,928). They were about two thirds below those (4,625) recorded for the same week of last year and 8 percent under the corresponding 1948 total (1,709). Cases increased over last week in nearly half (22) of the prefectures, decreased in twenty, and did not change in one, while there were no cases during either period in the remaining three (Tottori, Yamaguchi, and Oita). The largest numeric changes from last week were decreases in Aichi (from 331 cases to 128) and Kagawa (254 to 57). Those two prefectures had substantial increases last week. There was a lesser decrease in Saitama (from 235 to 154) and an increase of comparable size in Gifu (23 to 98). Three prefectures that together accounted for well over a fourth of all cases this week were Saitama (154 cases), Ehime (149), and Aichi (128). Thirty-eight additional prefectures had from 2 to 110 cases each while the remaining five prefectures reported none. The current and cumulative case rates were 101.9 and 73.3 respectively.

There were 17 percent more whooping cough cases this week (2,446) than last week (2,096). They amounted to almost twice the number recorded for the thirteenth week of last year (1,244) and over four times the corresponding 1948 figure (595). Increases over last week occurred in 27 of the prefectures, decreases in 16, and no change in the remaining 3. Ibaraki Prefecture reported the largest numeric increase, 163 cases this week compared with 37 cases previously. Fukuoka and Iwate Prefectures reported lesser increases, 76 and 57 more cases respectively, while Shizuoka had a decrease of 54 cases. Approximately a third of all cases this week were reported by four prefectures in central Honshu (Tokyo - 195, Ibaraki - 163, Toyama - 146, and Saitama - 125) together with Fukuoka (162 cases). The remainder occurred in the 41 other prefectures, each with from 2 to 101 cases. The current and cumulative case rates were 157.7 and 166.8 respectively.

The number of tuberculosis cases increased 16 percent, from 7,820 to 9,076. This week's figure was 19 percent above that (7,630) listed for the same period of last

year and 40 percent greater than the corresponding total for 1948 (6,505). Cases increased over last week in almost two-thirds (29) of the prefectures and decreased in sixteen, while the remaining one stayed the same. Prefectural case figures ranged from 27 to 1,070. Eighty-five percent of all tuberculosis cases reported this week were designated as respiratory tuberculosis (7,682). The current and cumulative case rates were 585.2 and 484.3 respectively.

There were 5,232 cases of pneumonia this week compared with 5,088 in the preceding period, an increase of 3 percent. The present figure was 27 percent higher than the total recorded for the thirteenth week of last year (4,115) and 29 percent higher than the corresponding number in 1948 (4,062). More than half (24) of the prefectures decreased from last week, nearly that number (21) increased, while the one remaining prefecture stayed the same. The two prefectures reporting the largest numeric increases were Miyazaki (from 38 to 204 cases) and Hokkaido (212 to 317). Comparable decreases occurred in Kagawa (160 to 13) and Miyagi (170 to 63). About an eighth of the total cases this week were in the two prefectures of Saitama (320) and Hokkaido (317). Cases ranged from 13 to 229 in the other 44 prefectures. The current and cumulative case rates were 337.3 and 320.2 respectively.

Influenza cases this week (299) were about a third of those reported last week (880). They were, however, three and a half times these (85) in the same week of last year and well over two and a half times the corresponding 1948 total (106). Decreases from last week were reported in twenty-eight of the prefectures, increases in eight, and no change in one, while no cases have been reported for two or more weeks in the remaining nine. The most outstanding numeric changes this week were decreases. Cases in Hokkaido decreased from 314 last week to 98 currently while those in Gifu dropped from 210 to 22. Hokkaido accounted for about a third of this week's total cases and 27 other prefectures reported cases ranging from 1 to 26. The current and cumulative case rates were 19.3 and 77.0 respectively.

There were 38 cases of poliomyelitis this week, about 50 percent more than last week (26). The present figure was almost two-thirds greater than the corresponding total for last year (23) and approximately six times that (6) recorded for the same period of 1948. Twelve prefectures reported more cases this week than last week while ten had fewer and five stayed the same. The nineteen remaining prefectures have reported no cases for two weeks or longer. Present cases were distributed among twenty prefectures and ranged from one to six in each. The current and cumulative case rates were 2.5 and 2.0 respectively.

Tetanus cases (28) decreased by about one fourth since last week (38). They were slightly fewer than in the same weeks of either 1949 (32) or 1948 (30). Seventeen prefectures decreased from last week, ten others increased, and four did not change. The remaining third (15) have reported no cases for at least two weeks. Cases this week occurred in seventeen prefectures, from one to three in each. The current and cumulative case rates were both 1.8.

There were 20 cases of puerperal infection reported this week compared with 15 last week. There were also 20 cases during the thirteenth week of last year and only slightly more (22) in the same period of 1948. Cases increased over last week in eleven prefectures and decreased in the same number. Of the remaining 24 prefectures which did not change, all but one have reported no cases for two or more weeks. Thirteen prefectures currently reported from one to three cases each. The current and cumulative case rates were 1.3 and 1.2 respectively.

No rabies cases have been reported for four weeks. During the thirteenth week of last year there was one case but in the like period of 1948 none. The cumulative case rate as of 1 April 1950 was 0.1.

Eight cases of leprosy were reported this week compared with nearly twice that number last week (14). There were 17 and 6 cases respectively recorded for the thirteenth weeks of last year and 1948. A majority (28) of the prefectures have reported no cases for two weeks or longer. Changes from last week included ten prefectures that decreased and seven that increased, while one other prefecture remained the same. Eight prefectures reported one case each this week. The current and cumulative case rates were 0.5 and 0.6 respectively.

Trachoma cases decreased 8 percent, from 2,951 last week to 2,712 currently. This week's figure was 18 percent higher than the total recorded for the same period of 1949 (2,303) and 16 percent higher than in 1948 (2,335). There were increases over last week in nearly two-thirds (29) of the prefectures, decreases in 16, and no change in the remaining one. Prefectural case figures ranged from 4 to 368. The current and cumulative case rates were 174.9 and 144.2 respectively.

Four cases of infectious diarrhea were reported in the present week. There had been no cases in the five preceding weeks. Records for the thirteenth week of last year show five cases. All four cases this week were in Aichi Prefecture. The current and cumulative case rates were 0.3 and 0.1 respectively.

The number of schistosomiasis cases this week (10) was slightly higher than last week's figure (8). No data are available for either last year or 1948. Five of the current cases were in Yamanashi Prefecture, where all eight cases occurred last week, Fukucka Prefecture reported the remaining five cases this week. The current and cumulative case rates were 0.6 and 0.4 respectively.

One case of filariasis was reported this week compared with none in the preceding week. Data are not available for 1949 or 1948. The one case this week was in Wakayama Prefecture. The current and cumulative case rates were both 0.1.

There continued to be no yellow fever, anthrax, glanders, dengue fever, or tsutsugamushi disease. There were also no cases recorded for the thirteenth weeks of last year and 1948.

The four venereal diseases accounted for 6,429 cases this week compared with 5,643 cases last week. The current and cumulative numbers of cases of syphilis this week were 2,686, and 32,858 respectively; gonorrhea, 3,384 and 40,290; chancroid, 348 and 4,214; and lymphogranuloma venereum, 11 and 147. Totals for this week were higher in all cases than in the preceding week when the number of cases of syphilis was 2,363, gonorrhea 2,949, chancroid 323, and lymphogranuloma venereum 8. Syphilis cases were lower this week than in the thirteenth week of last year (3,975) as were also chancroid cases (499 last year). Cases of gonorrhea and lymphogranuloma venereum, however, were both higher than previously (3,059 and 6 respectively). The current and cumulative case rates for each of these diseases as of 1 April 1950 were: syphilis, 173.2 and 163.0 respectively; gonorrhea, 218.2 and 199.8; chancroid, 22.4 and 20.9; and lymphogranuloma venereum, 0.7 and 0.7.

SUMMARY REPORT OF CASES AND DEATHS FROM  
COMMUNICABLE DISEASES IN JAPAN  
WEEK ENDED 1 APRIL 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current Cases	Deaths	Cumulative Cases	Deaths	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	17	1	293	27	2	-	32	6
AOMORI	3	-	94	19	-	-	1	-
IWATE	11	3	116	20	3	2	36	4
MIYAGI	3	-	96	5	2	-	22	2
AKITA	14	1	124	7	4	1	14	7
YAMAGATA	5	-	45	4	1	-	9	2
FUKUSHIMA	7	1	90	12	-	-	16	2
IBARAKI	3	2	57	2	1	-	42	16
TOCHIGI	6	1	51	10	1	-	22	10
GUMMA	1	-	39	1	13	1	62	16
SAITAMA	4	-	88	9	17	5	118	32
CHIBA	1	-	39	8	5	-	29	13
TOKYO	13	3	249	25	23	6	245	62
KANAGAWA	6	1	102	12	9	-	64	10
NIIGATA	5	-	131	9	9	-	84	14
TOYAMA	5	-	57	7	-	-	2	1
ISHIKAWA	8	-	72	8	1	-	61	1
FUKUI	3	-	31	4	-	-	1	-
YAMANASHI	3	-	17	3	-	-	1	-
NAGANO	8	1	74	5	-	-	8	-
GIFU	2	-	31	7	-	-	10	5
SHIZUOKA	9	1	59	6	4	-	45	10
AICHI	8	2	90	7	3	-	24	5
MIE	3	-	43	5	-	-	13	4
SHIGA	1	-	23	2	1	-	3	-
KYOTO	5	-	54	7	3	1	20	5
OSAKA	9	1	141	27	15	1	36	4
HYOGO	11	1	141	12	-	-	30	10
NARA	-	-	* 33	4	-	-	-	-
WAKAYAMA	2	-	24	-	-	-	4	1
TOTTORI	1	1	13	4	2	1	6	3
SHIMANE	5	-	74	7	-	-	3	-
OKAYAMA	-	-	33	1	-	-	3	1
HIROSHIMA	11	-	91	6	2	-	11	6
YAMAGUCHI	2	-	119	9	-	-	3	-
TOKUSHIMA	-	1	34	7	-	-	2	-
KAGAWA	-	-	19	1	-	-	3	2
EHIME	3	-	53	7	1	1	4	3
KOCHI	3	1	26	7	-	-	1	-
FUKUOKA	32	5	287	33	1	1	39	7
SAGA	4	-	77	7	-	-	2	-
NINGASAKI	14	-	149	7	-	-	5	-
KUMAMOTO	1	-	54	5	-	-	8	5
OITA	3	-	86	18	1	-	3	-
MIYAZAKI	15	1	141	18	-	-	1	1
KAGOSHIMA	14	2	104	14	1	-	1	-
TOTAL	284	30	* 3864	425	125	20	1149	271
RATE								
· Current	18.3	1.9	19.2	2.1	8.1	1.3	5.7	1.3
Previous	15.7	1.9			6.6	1.6		

See footnotes at end of table.

## WEEKLY REPORT - 1 APRIL 1950

Continued

REFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current Cases	Deaths	Cumulative Cases	Deaths	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	1	-	23	6	-	-	8	1
AOMORI	-	-	8	1	-	-	5	-
IWATE	-	-	7	1	1	-	4	-
MIYAGI	2	-	21	3	1	-	19	-
AKITA	-	-	7	5	-	-	4	-
YAMAGATA	-	-	8	-	1	-	5	-
FUKUSHIMA	3	-	13	-	1	-	2	-
IBARAKI	-	-	15	3	1	-	2	-
TOCHIGI	1	-	8	2	-	-	4	-
GUMMA	2	-	15	1	-	-	4	-
SAITAMA	5	1	29	7	1	-	*3	-
CHIBA	-	-	17	2	-	-	5	-
TOKYO	5	-	154	22	2	-	54	1
KANAGAWA	3	-	45	2	-	-	7	-
NIIGATA	1	-	20	3	-	-	4	-
TOYAMA	1	-	6	1	-	-	4	-
ISHIKAWA	1	-	4	2	-	-	-	-
FUKUI	-	-	4	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	4	2	-	-	-	-
GIFU	1	-	16	3	-	-	5	-
SHIZUOKA	-	1	19	1	1	-	9	-
AICHI	1	-	23	7	-	-	4	-
MIE	3	1	24	8	-	-	1	-
SHIGA	2	-	6	-	-	-	1	-
KYOTO	1	-	24	5	-	-	4	-
OSAKA	2	1	38	4	-	-	7	-
HYOGO	3	1	29	3	-	-	7	-
NARA	-	-	8	1	-	-	1	-
WAKAYAMA	-	-	4	1	1	-	5	-
TOTTORI	-	-	5	-	-	-	-	-
SHIMANE	-	-	15	2	-	-	-	-
OKAYAMA	-	-	11	1	-	-	-	-
HIROSHIMA	2	1	39	6	1	-	12	1
YAMAGUCHI	-	-	5	2	-	-	1	-
TOKUSHIMA	1	-	9	4	-	-	3	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	4	1	-	-	2	-
KOCHI	-	-	16	2	-	-	2	-
FUKUOKA	5	1	16	1	-	-	3	-
SAGA	-	-	2	-	-	-	3	-
NAGASAKI	2	-	13	1	-	-	1	-
KUMAMOTO	-	-	9	1	-	-	4	-
OITA	1	-	2	-	-	-	-	-
MIYAZAKI	-	-	6	-	1	-	4	-
KOSHIMA	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>49</b>	<b>7</b>	<b>751</b>	<b>117</b>	<b>12</b>	<b>-</b>	<b>*212</b>	<b>8</b>
<b>RATE</b>								
Current	3.2	0.5	3.7	0.6	0.8	-	1.1	0.0
Previous	3.7	0.5	-	-	1.0	0.1	-	-

See footnotes at end of table.

Weekly Report - 1 April 1950  
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current Cases	Deaths	Cumulative Cases	Deaths	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	-	-	-	-	-	-	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	4	-	5	-
MIYAGI	-	-	1	-	-	-	6	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	2	-	4	-
FUKUSHIMA	-	-	-	-	-	-	1	-
IBARAKI	-	-	-	-	1	1	10	2
TOCHIGI	-	-	-	-	-	-	1	-
GUMMA	-	-	-	-	3	-	24	1
SAITAMA	-	-	-	-	-	-	4	2
CHIBA	-	-	1	-	-	-	8	-
TOKYO	-	-	-	-	10	-	216	19
KANAGAWA	-	-	1	-	19	3	412	23
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	4	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	3	-
AICHI	-	-	-	-	-	-	1	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	6	-
HYOGO	-	-	-	-	-	-	1	-
NARA	-	-	-	-	-	-	1	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	-	-	-	-	-	-	1	-
HIROSHIMA	-	-	-	-	-	-	2	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	1	-	1	-	-	-	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	1	-	4	-	39	4	710	47
RATE								
Current	0.1	-	0.0	-	2.5	0.3	3.5	0.2
Previous	0.1	-			0.8	0.1		

See footnotes at end of table.

Weekly Report - 1 April 1950  
Continued

PREFECTURE	MALARIA			
	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	-	-	3	-
AOMORI	-	-	2	-
IWATE	-	-	1	1
MIYAGI	-	-	-	1
AKITA	-	-	3	1
YAMAGATA	-	-	2	-
FUKUSHIMA	-	-	4	1
IBARAKI	1	-	7	-
TOCHIGI	-	-	2	-
GUMMA	2	-	6	-
SAITAMA	-	-	8	-
CHIBA	-	-	1	-
TOKYO	-	-	15	1
KANAGAWA	-	-	2	-
NIIGATA	-	-	2	-
TOYAMA	-	-	4	-
ISHIKAWA	-	-	2	1
FUKUI	1	-	3	1
YAMANASHI	-	-	2	-
NAGANO	1	-	5	1
GIFU	-	-	3	-
SHIZUOKA	-	-	2	-
AICHI	-	-	1	-
MIE	-	-	3	-
SHIGA	-	-	6	1
KYOTO	-	-	5	-
OSAKA	-	-	-	-
HYOGO	-	-	4	-
NARA	-	-	1	-
WAKAYAMA	-	-	1	-
TOTTORI	-	-	1	-
SHIMANE	-	-	1	-
OKAYAMA	-	-	1	-
HIROSHIMA	-	-	5	-
YAMAGUCHI	1	-	2	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	1	-
EHIME	-	-	3	-
KOCHI	-	-	1	-
FUKUOKA	-	-	16	2
SAGA	-	-	4	-
NAGASAKI	-	-	4	-
KUMAMOTO	-	-	-	-
OITA	-	-	2	-
MIYAZAKI	-	-	1	-
KAGOSHIMA	1	-	3	5
TOTAL	7	-	145	16
RATE				
Current	0.5	-	0.7	0.1
Previous	1.0	0.2		

See footnotes at end of table.

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Current Cases	Deaths	Cumulative Cases	Deaths	Current Cases	Deaths	Cumulative Cases	Deaths
HOKKAIDO	3	-	59	1	1	1	21	6
AOMORI	-	2	13	-	-	1	6	1
IWATE	1	-	15	1	1	1	6	3
MIYAGI	-	-	15	-	5	1	22	4
AKITA	-	-	21	-	-	-	4	1
YAMAGATA	-	-	5	-	2	1	14	1
FUKUSHIMA	1	-	9	-	-	-	2	-
IBARAKI	-	-	4	-	-	-	7	2
TOCHIGI	-	-	2	-	1	-	7	-
GUMMA	1	-	10	-	-	-	3	-
SAITAMA	1	-	41	1	1	-	8	3
CHIBA	2	-	19	-	-	-	6	2
TOKYO	15	-	267	-	4	1	65	14
KANAGAWA	4	-	73	-	1	-	17	7
NIIGATA	-	-	11	-	-	-	4	-
TOYAMA	-	-	8	-	-	-	6	-
ISHIKAWA	-	-	2	-	1	-	3	-
FUKUI	2	-	40	-	-	-	4	1
YAMANASHI	-	-	3	-	1	-	8	2
NAGANO	1	-	59	1	3	-	3	-
GIFU	1	-	4	-	-	-	7	1
SHIZUOKA	2	-	12	-	-	-	3	2
AICHI	3	-	47	-	-	-	3	1
MIE	1	-	13	-	-	-	2	-
SHIGA	-	-	32	-	-	-	5	2
KYOTO	7	-	64	-	1	-	2	2
OSAKA	4	-	74	-	-	1	15	3
HYOGO	-	-	29	-	2	-	4	-
NARA	-	-	5	-	-	-	1	-
WAKAYAMA	-	-	2	-	-	-	2	1
TOTTORI	-	-	-	-	-	-	1	-
SHIMANE	-	-	9	-	-	-	-	-
OKAYAMA	1	-	14	-	-	-	2	-
HIROSHIMA	2	-	11	-	2	1	6	3
YAMAGUCHI	-	-	2	-	-	-	4	2
TOKUSHIMA	-	-	4	-	-	-	1	-
KAGAWA	-	-	1	-	1	-	3	-
EHIME	-	-	1	-	-	-	2	-
KOCHI	-	-	2	-	-	-	-	-
FUKUOKA	-	-	6	-	1	-	14	2
SAGA	-	-	1	1	-	-	-	-
NAGASAKI	-	-	5	-	-	-	5	1
KUMAMOTO	-	-	2	-	1	2	5	3
OITA	-	-	-	-	-	-	1	-
MIYAZAKI	-	-	4	-	1	-	2	-
KAGOSHIMA	-	-	-	-	-	-	2	-
TOTAL	52	-	1020	5	31	10	305	71
RATE								
Current	3.4	-	5.1	0.0	2.0	0.6	1.5	0.4
Previous	7.0	-			1.4	0.4		

See footnotes at end of table.

## Weekly Report - 1 April 1950

Continued

PREFECTURE	MEASLES		WHOOPING COUGH	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	43	341	42	773
AOMORI	5	64	16	364
IWATE	24	233	76	563
MIYAGI	7	156	15	374
AKITA	17	106	15	437
YAMAGATA	6	66	6	211
FUKUSHIMA	41	427	33	883
IBARAKI	25	104	163	1430
TOCHIGI	50	385	46	413
GUMMA	58	1000	42	664
SAITAMA	154	1805	125	2090
CHIBA	21	126	41	578
TOKYO	40	404	195	2988
KANAGAWA	23	269	91	1548
NIIGATA	6	214	57	765
TOYAMA	9	103	146	1387
ISHIKAWA	2	26	23	339
FUKUI	14	221	17	365
YAMANASHI	6	95	31	340
NAGANO	110	694	37	840
GIFU	98	444	22	315
SHIZUOKA	61	889	95	1629
AICHI	128	1664	61	899
MIE	8	112	20	632
SHIGA	12	62	21	386
KYOTO	3	21	37	743
OSAKA	11	58	76	1002
HYOGO	11	119	61	1042
NARA	-	4	7	136
WAKAYAMA	5	20	46	536
TOTTORI	-	5	20	133
SHIMANE	-	6	19	284
OKAYAMA	2	96	9	259
HIROSHIMA	105	423	60	1054
YAMAGUCHI	-	7	25	306
TOKUSHIMA	70	650	39	513
KAGAWA	57	915	2	525
EHIME	149	755	101	740
KOCHI	63	508	30	357
FUKUOKA	41	303	162	1576
SAGA	7	46	27	344
NAGASAKI	34	269	44	656
KUMAMOTO	8	179	95	978
OITA	-	12	18	438
MIYAZAKI	27	122	81	446
KAGOSHIMA	19	253	51	353
<b>TOTAL</b>	<b>1580</b>	<b>14781</b>	<b>2446</b>	<b>39634</b>
RATE				
Current	101.9	73.3	157.7	166.8
Previous	124.3		135.1	

See footnotes at end of table.

Continued

PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	767	8590	317	3652
AOMORI	117	1733	75	1093
IWATE	266	2023	141	1306
MIYAGI	198	2096	63	1397
AKITA	69	1608	76	939
YAMAGATA	136	1307	81	799
FUKUSHIMA	129	1520	179	1675
IBARAKI	179	1236	174	1839
TOCHIGI	71	740	135	1509
GUMMA	163	1415	218	2577
SAITAMA	225	2741	320	4619
CHIBA	199	1682	51	1087
TOKYO	1070	10669	154	2881
KANAGAWA	271	2893	130	1896
NIIGATA	207	2117	197	1883
TOYAMA	164	1900	226	2027
ISHIKAWA	179	1565	64	718
FUKUI	108	934	54	821
YAMANASHI	36	503	48	673
NAGANO	150	*2245	229	2700
GIFU	221	1588	104	1271
SHIZUOKA	174	1855	129	1763
AICHI	318	4826	152	3041
MIE	138	1806	80	1141
SHIGA	85	901	43	898
KYOTO	181	2639	49	769
OSAKA	500	5150	88	1214
HYOGO	225	3703	98	1348
NARA	40	491	20	347
WAKAYAMA	49	807	49	586
TOTTORI	64	672	52	442
SHIMANE	76	1072	29	744
OKAYAMA	107	1860	60	1472
HIROSHIMA	323	2796	157	1601
YAMAGUCHI	256	1674	80	687
TOKUSHIMA	43	548	38	733
KAGAWA	27	767	13	972
EHIME	108	1287	122	1766
KOCHI	95	749	44	550
FUKUOKA	530	4627	204	1910
SAGA	95	1228	42	682
NAGASAKI	110	1736	126	973
KUMAMOTO	185	1331	162	1264
OITA	128	1142	61	694
MIYAZAKI	170	*1315	204	878
KAGOSHIMA	124	1557	94	716
TOTAL	9076	*97644	5232	64553
RATE				
Current	585.2	484.3	337.3	320.2
Previous	504.2		328.1	

See footnotes at end of table.

Continued

REFECTURE	INFLUENZA		POLIOMYELITIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	98	708	6	23
AOMORI	-	-	-	-
IWATE	6	6	2	7
MIYAGI	-	4	-	27
AKITA	-	567	-	1
YAMAGATA	20	21	1	4
FUKUSHIMA	-	-	1	12
IBARAKI	1	48	-	9
TOCHIGI	3	17	-	3
GUMMA	7	372	2	11
SAITAMA	8	253	1	14
CHIBA	4	213	-	2
TOKYO	-	357	-	37
KANAGAWA	4	287	2	10
NIIGATA	25	706	-	5
TOYAMA	8	191	-	6
ISHIKAWA	9	89	-	6
FUKUI	1	512	-	1
YAMANASHI	2	261	-	2
NAGANO	26	144	1	12
GIFU	22	2305	-	4
SHIZUOKA	-	437	4	25
AICHI	4	1279	-	6
MIE	3	598	1	7
SHIGA	-	226	-	-
KYOTO	-	438	-	-
OSAKA	-	392	-	2
HYOGO	-	1377	1	10
NARA	-	431	-	-
WAKAYAMA	1	254	-	1
TOTTORI	-	110	-	3
SHIMANE	-	617	-	-
OKAYAMA	3	414	2	11
HIROSHIMA	4	140	1	3
YAMAGUCHI	1	91	-	-
TOHOSHIMA	-	103	1	3
KAGAWA	-	75	-	3
EHIME	5	147	1	8
KOCHI	-	6	-	3
FUKUOKA	3	687	-	23
SAGA	7	111	2	5
NAGASAKI	5	101	1	3
KUMAMOTO	-	5	2	13
OITA	1	377	1	17
MIYAZAKI	18	41	5	59
KAGOSHIMA	-	-	-	1
<b>TOTAL</b>	<b>299</b>	<b>15518</b>	<b>38</b>	<b>402</b>
<b>RATE</b>				
Current	19.3	77.0	2.5	2.0
Previous	56.7		1.7	

See footnotes at end of table.

## Weekly Report - 1 April 1950

Continued

PREFECTURE	TETANUS		PUERPERAL INFECTION		Cumulative Cases
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases	
HOKKAIDO	-	8	-	•	19
AOMORI	-	3	-		7
IWATE	-	3	1		5
MIYAGI	-	3	-		7
AKITA	-	1	1		13
YAMAGATA	-	1	-		4
FUKUSHIMA	-	3	-		4
IBARAKI	2	22	-		4
TOCHIGI	-	6	-		4
GUMMA	-	22	1		9
SAITAMA	-	13	3		23
CHIBA	1	13	-		2
TOKYO	2	14	-		4
KANAGAWA	-	8	-		1
NIIGATA	-	5	-		*4
TOYAMA	-	1	2		17
ISHIKAWA	-	1	-		3
FUKUI	-	1	2		2
YAMANASHI	-	2	-		6
NAGANO	2	12	1		6
GIFU	2	7	-		2
SHIZUOKA	2	14	1		6
AICHI	2	11	-		7
MIE	-	7	-		2
SHIGA	-	4	-		4
KYOTO	-	4	2		3
OSAKA	1	10	-		1
HYOGO	2	7	-		4
NARA	1	3	-		2
WAKAYAMA	-	3	-		-
TOTTORI	1	6	3		3
SHIMANE	1	8	-		4
OKAYAMA	3	7	-		5
HIROSHIMA	-	10	-		8
YAMAGUCHI	-	10	-		-
TOKUSHIMA	1	5	1		4
KAGAWA	-	6	-		-
EHIME	-	12	-		3
KOCHI	-	5	-		1
FUKUOKA	1	28	1		9
SAGA	-	4	-		3
NAGASAKI	-	4	-		1
KUMAMOTO	-	8	-		8
OITA	1	6	-		1
MIYAZAKI	3	14	1		4
KAGOSHIMA	-	8	-		3
TOTAL	28	353	20		*232
RATE					
Current	1.8	1.8	1.3		1.2
Previous	2.5		1.0		

See footnotes at end of table.

Weekly Report - 1 April 1950  
Continued

PREFECTURE	RABIES		LEPROSY	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	2
AOMORI	-	-	-	2
IWATE	-	-	1	6
MIYAGI	-	-	-	5
AKITA	-	-	-	4
YAMAGATA	-	-	-	2
FUKUSHIMA	-	-	-	3
IBARAKI	-	-	-	-
TOCHIGI	-	-	1	8
GUMMA	-	2	-	9
SAITAMA	-	2	-	1
CHIBA	-	4	-	-
TOKYO	-	1	1	12
KANAGAWA	-	2	-	1
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	1	2
YAMANASHI	-	-	-	2
NAGOYA	-	-	-	*1
GIFU	-	-	-	3
SHIZUOKA	-	-	-	-
AICHI	-	-	-	2
MIE	-	-	-	2
SHIGA	-	-	1	1
KYOTO	-	-	-	1
OSAKA	-	-	1	6
HYOGO	-	-	-	1
NARA	-	-	-	-
WAKAYAMA	-	-	-	1
TOTTORI	-	-	-	1
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	5
HIROSHIMA	-	-	-	4
YAMAGUCHI	-	-	-	4
TOUCHIMA	-	-	-	4
KAGAWA	-	-	-	1
EHIME	-	-	-	3
KOCHI	-	-	-	1
FUKUOKA	-	5	-	10
SAGA	-	-	-	1
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	-	3
OITA	-	-	1	3
MIYAZAKI	-	-	-	5
KAGOSHIMA	-	-	1	4
				3
TOTAL	-	16	8	*123
RATE				
Current	-	0.1	0.5	0.6
Previous	-		0.9	

See footnotes at end of table.

Weekly Report - 1 April 1950  
Continued

PREFECTURE	TRACHOMA		INFECTIOUS DIARRHEA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	274	2105	-	-
AOMORI	50	1396	-	-
IWATE	131	2044	-	-
MIYAGI	83	989	-	-
AKITA	17	671	-	-
YAMAGATA	33	994	-	-
FUKUSHIMA	72	493	-	-
IBARAKI	89	675	-	-
TOCHIGI	31	541	-	-
GUMMA	368	1307	-	-
SAITAMA	57	743	-	-
CHIBA	38	621	-	-
TOKYO	118	1027	-	-
KANAGAWA	68	1251	-	-
NIIGATA	24	336	-	-
TOYAMA	41	268	-	-
ISHIKAWA	28	227	-	-
FUKUI	40	288	-	-
YAMANASHI	23	241	-	-
NAGANO	33	219	-	-
GIFU	20	280	-	-
SHIZUOKA	51	606	-	-
AICHI	86	1684	4	13
MIE	18	261	-	-
SHIGA	9	104	-	-
KYOTO	53	328	-	-
OSAKA	96	1155	-	-
HYOGO	135	1314	-	-
NARA	15	268	-	-
WAKAYAMA	43	416	-	-
TOTTORI	20	126	-	-
SHIMANE	10	100	-	-
OKAYAMA	24	455	-	-
HIROSHIMA	88	1092	-	-
YAMAGUCHI	17	152	-	-
TOKUSHIMA	37	157	-	-
KAGAWA	4	337	-	-
EHIME	39	279	-	-
KOCHI	16	153	-	-
FUKUOKA	142	1568	-	-
SAGA	24	240	-	-
NAGASAKI	42	698	-	-
KUMAMOTO	41	345	-	-
OITA	16	114	-	-
MIYAZAKI	29	*239	-	-
KAGOSHIMA	19	167	-	-
TOTAL	2712	*29074	4	14
RATE				
Current	174.9	144.2	0.3	0.1
Previous	190.3		-	

See footnotes at end of table.

Continued

PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	1
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	1
CHIBA	-	-	-	1
TOKYO	-	1	-	-
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	5	49	-	1
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	1
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	2
HYOGO	-	-	-	1
NARA	-	-	-	1
WAKAYAMA	-	-	1	2
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	1
HIROSHIMA	-	7	-	-
YAMAGUCHI	-	-	-	-
TOHOSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	3
KOCHI	-	-	-	-
FUKUOKA	5	25	-	1
SAGA	-	-	-	-
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	-	4
OITA	-	-	-	1
MIYAZAKI	-	-	-	2
KAGOSHIMA	-	-	-	4
<b>TOTAL</b>	<b>10</b>	<b>82</b>	<b>1</b>	<b>27</b>
<b>RATE</b>				
Current	0.6	0.4	0.1	0.1
Previous	0.5		-	

See footnotes at end of table.

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASE FOR  
COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended			Cumulative Number		
	1 Apr 1950	26 Mar 1949	27 Mar 1948	for First 13 Weeks	1950	1949
<u>CASES</u>						
Diphtheria	284	323	379	3864	4914	5287
Dysentery	125	61	53	1149	523	572
Typhoid Fever	49	67	75	751	1148	1314
Paratyphoid Fever	12	20	26	212	432	417
Smallpox	1	1	1	4	16	5
Typhus Fever	39	1	3	710	64	165
Malaria	7	22	53	145	307	706
Japanese "B"						
Encephalitis	-	-	-	-	1	-
Scarlet Fever	52	81	35	1020	1151	622
Epidemic Meningitis	31	44	56	305	380	596
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	1580	4625	1709	14781	31591	13233
Whooping Cough	2446	1244	595	33634	17128	9877
Tuberculosis	9076	7630	6505	97644	05335	73041
Pneumonia	5232	4115	4062	64553	46526	52747
Influenza	299	85	106	15518	633	1279
Poliomyelitis	38	23	6	402	325	76
Yellow Fever	-	-	-	-	-	-
Tetanus	28	32	30	353	430	362
Puerperal Infection	20	20	22	232	252	328
Rabies	-	1	-	16	10	9
Anthrax	-	-	-	-	1	1
Glanders	-	-	-	-	-	-
Leprosy	8	17	6	123	157	120
Trachoma	2712	2303	2335	29074	28024	28575
Infectious Diarrhea	4	5	NA	14	60	NA
Dengue Fever	-	-	-	-	1	1
Tsutsugamushi Disease	-	NA	NA	-	NA	NA
Schistosomiasis	10	NA	NA	82	NA	NA
Filariasis	1	NA	NA	27	NA	NA

\* \* \* \* \*

<u>DEATHS</u>	30	27	39	425	519	573
Diphtheria	20	14	12	271	140	121
Typhoid Fever	7	9	13	117	139	171
Paratyphoid Fever	-	2	1	8	13	25
Smallpox	-	1	-	-	1	-
Typhus Fever	4	-	1	47	2	14
Malaria	-	2	1	16	11	7
Japanese "B"						
Encephalitis	-	-	-	-	-	-
Scarlet Fever	-	-	1	5	18	8
Epidemic Meningitis	10	13	22	71	95	144
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

## Weekly Report - 1 April 1950

Continued

DISEASES	Week Ended			Cumulative Rates		
	1 Apr 1950	26 Mar 1949	27 Mar 1948	for First 13 Weeks 1950	1949	1948
<b>Case Rates</b>						
Diphtheria	18.3	20.8	24.7	19.2	24.4	26.5
Dysentery	8.1	3.9	3.5	5.7	2.6	2.9
Typhoid fever	3.2	4.3	4.9	3.7	5.7	6.6
Paratyphoid fever	0.8	1.3	1.7	1.1	2.1	2.1
Smallpox	0.1	0.1	0.1	0.0	0.1	0.0
Typhus fever	2.5	0.1	0.2	3.5	0.3	0.8
Malaria	0.5	1.4	3.5	0.7	1.5	3.5
Japanese "B" encephalitis	-	-	-	-	0.0	-
Scarlet fever	3.4	5.2	2.3	5.1	5.7	3.1
Epidemic meningitis	2.0	2.8	3.7	1.5	1.9	3.0
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	101.9	298.2	111.4	73.3	156.7	66.4
Whooping cough	157.7	80.2	38.8	166.8	85.0	49.5
Tuberculosis	585.2	492.0	424.1	484.3	472.8	366.3
Pneumonia	337.3	265.3	264.8	320.2	230.8	264.5
Influenza	19.3	5.5	6.9	77.0	3.1	6.4
Poliomyelitis	2.5	1.5	0.4	2.0	1.6	0.4
Yellow fever	-	-	-	-	-	-
Tetanus	1.8	2.1	2.0	1.8	2.1	1.8
Puerperal infection	1.3	1.3	1.4	1.2	1.2	1.6
Rabies	-	0.1	-	0.1	0.0	0.0
Anthrax	-	-	-	-	0.0	0.0
Glanders	-	-	-	-	-	-
Leprosy	0.5	1.1	0.4	0.6	0.8	0.6
Trachoma	174.9	148.5	152.2	144.2	139.0	143.3
Infectious diarrhea	0.3	0.3	NA	0.1	0.3	NA
Dengue fever	-	-	-	-	0.0	0.0
Tsutsugamushi disease	-	NA	NA	-	NA	NA
Schistosomiasis	0.6	NA	NA	0.4	NA	NA
Filariasis	0.1	NA	NA	0.1	NA	NA
<b>Death Rates</b>						
Diphtheria	1.9	1.7	2.5	2.1	2.6	2.9
Dysentery	1.3	0.9	0.8	1.3	0.7	0.6
Typhoid fever	0.5	0.6	0.8	0.6	0.7	0.9
Paratyphoid fever	-	0.1	0.1	0.0	0.1	0.1
Smallpox	-	0.1	-	-	0.0	-
Typhus fever	0.3	-	0.1	0.2	0.0	0.1
Malaria	-	0.1	0.1	0.1	0.1	0.0
Japanese "B" encephalitis	-	-	-	-	-	-
Scarlet fever	-	-	0.1	0.0	0.1	0.0
Epidemic meningitis	0.6	0.8	1.4	0.4	0.5	0.7
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

Inclosure No. 14 missing